S. HRG. 99-706

NUTRITIONAL INFORMATION LABELING ACT OF 1985

HEARING

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

NINETY-NINTH CONGRESS

FIRST SESSION

ON

S. 1699

TO AMEND THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO REQUIRE THAT THE LABEL OR LABELING OF A FOOD STATE THE SPECIFIC COMMON OR USUAL NAME AND THE AMOUNT OF EACH FAT OR OIL CONTAINED IN THE FOOD, THE AMOUNT OF SATURATED, POLYUNSATURATED, AND MONOUNSATURATED FATS CONTAINED IN THE FOOD, THE AMOUNT OF CHOLESTEROL CONTAINED IN THE FOOD, AND THE AMOUNT OF SODIUM AND POTASSIUM CONTAINED IN THE FOOD

OCTOBER 10, 1985

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NUTRITIONAL INFORMATION LABELING ACT OF 1985

THURSDAY, OCTOBER 10, 1985

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 10:06 a.m., in room SD-430, Dirksen Senate Office Building, Senator Paula Hawkins presiding.

Present: Senators Hawkins, Metzenbaum, Pell, and Grassley.

OPENING STATEMENT OF SENATOR HAWKINS

Senator HAWKINS. Good morning.

In this committee, we deal almost daily with the harsh reality of the high cost of illness in both emotional and economic terms. Cardiovascular heart disease is the leading cause of death in the United States today. It claims several million Americans each year and costs society over $60 billion in direct and indirect health costs each year.

But since our scientific research has determined that high levels of sodium and fat intake are directly related to cholesterol levels, and therefore a direct cause of heart disease, there may be a glimmer of hope, a new weapon in fighting this silent killer—educated consumers.

There have been many successful voluntary programs and educational efforts. I commend those farsighted individuals and organizations who have recognized the needs and desires of the consumers of the eighties. But voluntary efforts alone have not provided the consumers with the information that they need if they are to make dietary decisions which affect their health. It is frustrating for us to witness the reluctance of industry and government to implement a policy that can save so many lives and save so much money.

Sixteen years ago, the White House Conference on Food, Nutrition and Health was held in this city. Sixteen years since consumers indicated that they desired the Food and Drug Administration to move beyond their traditional role of protecting the consumer against economic adulteration of goods toward a more proactive role in requiring the information necessary to enable the consumer to make dietary choices affecting health.

As consumers, we need to know what ingredients make up our food. But current labeling does not contain the right information to meet our health needs. Our concern for information has outpaced the product label information. It must catch up.

One of the recommendations of the NIH Consensus Conference on Cholesterol Intake states—and I will quote—"If appropriate, statutory or other changes to require such labeling should be seriously considered."

Senator Metzenbaum and I feel that statutory changes to reouire such informational labeling is not only appropriate, it is long overdue. We have cosponsored legislation, S. 1699, that will provide the statutory authority and direct the FDA to require labeling of sodium, potassium, and fat content of foods. I feel this information is crucial if we are to help our Nation's citizens protect themselves against the No. 1 killer in the United States of America.

How can we possibly fulfill our health needs without the proper informational labeling? The fight against the silent killer cannot be won without the proper weapons, and without a doubt, sodium and fat labeling is an important weapon. As consumers, we demand more education.

Senator Metzenbaum.

Senator METZENBAUM. Senator Hawkins, first I want to express to you my appreciation for your cooperation and your efforts. In every instance in which we have discussed matters of this nature—health—you have been a pillar of strength, and you have stood side by side with me on some other battles, some of which we have prevailed on, and some of which we will prevail on. It has been a real privilege for me to have the opportunity to work with you.

As you so well pointed out, cardiovascular disease is the Nation's No. 1 killer. It accounts for half of all the deaths in this country. Cancer is the Nation's No. 2 killer, with half a million deaths each year.

So I have difficulty when I deal with statistics which are cold, in comprehending the logic of some who appear in opposition today, including our Government officials, when you know there is a solution to a problem, and it is only fair to say that labeling is not the solution, but it could be a major step forward on the road to cutting back on the number of cancers and the number of heart conditions, heart deaths, that exist in this country; when we know by incontrovertible evidence that adjusting our eating habits is the single most important method of reducing cancer and heart disease and stroke, when we know that salt and fat are the killers, when we know that a recent NIH study said that a mere 10-percent reduction in blood cholesterol would save 100,000 lives a year; when we know that the medical costs associated with excessive sodium consumption have been estimated by FDA to be around $8 billion; when we know that Americans need to know what is in the food we buy, and that in fact, it is our right to know.

Today, we are being denied that right. And I make no bones about it. I do not understand Government officials coming up here to testify against the bill. I do not care what the policies of this administration are, or any other administration.

People who work for government, people who represent industry, have an obligation, a commitment, to be concerned about the health of the people of this country. And so for any political or economic reasons, to stand in opposition to this legislation is illogical, and I think, inappropriate.

The Nutritional Information Labeling Act will help consumers make decisions that improve their health. It simply asks manufacturers to tell us how much fat, how much salt, how much cholesterol is contained in a given product, along with specific caloric information.

Who could oppose such a measure?

They tell me it will cost so much, and let the industry do it, and the cost would be so tremendous—I forget—some people picked some ballpark figures out of the air as to the cost—come on, who are they kidding? I was in the business world. I am not stupid. Senator Hawkins is not stupid. The people of this country are not stupid. Do they really believe that it is so complicated to take a label off a pile of labels, and this one says that there will be lard in the product, and this one says that there will be corn oil or soy oil. What is so difficult? Why all this outpouring of opposition?

I do not understand it. I do not understand what causes the Government to be here to stand in opposition, or the industry to be in opposition.

Industry will come forward and say it is an unbearable burden, it will cost too much, it is too confusing, it should be voluntary, the science is questionable. Nobody cares. I say those arguments do not hold up. Today, I hope that we can prove that.

Now, if industry says that there is something about this legislation in the way it is drafted, or some particular measure that is too difficult to work under, our doors are open. We are ready to talk. We are willing to figure out a solution. We are willing to time it, to phase it in—whatever is necessary. And I know I speak for Senator Hawkins and myself when I say we pledge to work with them in good faith to make the legislation fair if somebody claims that in its present form it is not fair. But we want the ultimate objective to be reached.

We hope that industry will demonstrate the corporate courage to endorse this proposal in the interest of the public good. I firmly believe that this is a piece of legislation whose merits are so compelling that no amount of special interest lobbying can prevent its passage. But I say here and now that if we do not pass it in 1985, we will try again in 1986; and if we do not pass it in 1986, we will try again in 1987, and we will come back again in 1988, and we will keep fighting for its passage, and its day will come.

I would hope that the industry would see fit to work with us to pass a piece of legislation that they can live with and that will help the health of the people of this country.

Thank you, Madam Chairman.

Senator HAWKINS. Thank you, Senator Metzenbaum.

Senator Hatch had hoped to be here at the opening of the hearing, but was unable to do so because of a conflict, and without objection, we will introduce his statement into the record.

OPENING STATEMENT OF SENATOR ORRIN HATCH

Senator HATCH. Today we will hear testimony on S. 1699, the Nutritional Information Labeling Act of 1985, as introduced by my colleagues, Senators Hawkins and Metzenbaum. Their proposal would amend the Food, Drug and Cosmetic Act to require the in-

clusion of the amount of sodium, oil or fat, cholesterol, and potassium on the mandatory labels of any food product not intended for immediate consumption.

Now I favor making important information available to consumers so they can make wise choices at the grocery store. I'm among those who believe good eating habits contribute to better health. Nutrition labels are a good way for consumers to obtain that information.

I'm a father of six children and that means my wife Elaine and I make a lot of trips to the grocery store. I must admit we, like most shoppers, don't dawdle in the aisles reading the existing ingredient and nutritional labels on packages. It appears that many consumers are content knowing the products satisfy the number of Federal and State requirements for purity, wholesomeness, and honest labeling. Those that are interested enough to study the labels may find the wording excessive and/or confusing.

Therefore, I'm not certain the answer is more regulations that require more verbaige to identify those substances that concern some segments of the population. Perhaps it's time to reassess our entire approach to this matter. I think we should proceed cautiously as we address the food labeling issue for the first time in many years.

First, we need to be certain of the science that guides our policy judgments. Second, we should distinguish between the information that is useful to a food chemist and that which has actual health significance and may realistically influence a consumer's purchasing decision. Finally, we need to consider whether all products must bear certain data, or if it's sufficient that most of them do, thereby letting competition force the others to conform.

We've got to be sensitive to the practicalities of the good manufacturing process.

It should be noted, the Food and Drug Administration has already issued a regulation, to become final on July 1, 1986, which will require most processed food labels to list sodium content. The regulation follows a voluntary compaign that significantly increased sodium labeling. I appreciate and support FDA's willingness to consider the voluntary approach as an alternative.

I continue to believe it's in the best interests of the public and industry for us to foster an atmosphere—a tradition of voluntary industry initiatives, initiatives that will improve products and marketing.

Lest there be any mistake, we have the safest, most plentiful, and perhaps the most varied food supply in the world. In that respect, I acknowledge our country's debt to the entire food industry, which includes the farmer, processor, and the markets.

I welcome this hearing as a means to gather information on this important matter.

Senator HAWKINS. We also welcome Senator Pell.

Senator PELL. Thank you very, much, Madam Chairman. I, too, will not be able to stay here, because we are having a Foreign Relations Committee hearing simultaneously, and we have Mr. Schultz with us now.

But I would like to thank the chairman and the leadership of this committee once again for holding these important hearings.

Thank you, Madam Chair.

Senator HAWKINS. Thank you, Senator.

Our first panel today will be Dr. Michael McGinnis, who is Deputy Assistant Secretary for Disease Prevention and Health Promotion, Department of HHS. He is accompanied by Dr. Sanford Miller, who is Director for the Center for Food Safety and Applied Nutrition. And I see Dr. Alan Forbes is accompanying you, also.

We would ask that you make a brief statement before the questions.

Dr. Michael McGinnis.

STATEMENT OF DR. MICHAEL McGINNIS, DEPUTY ASSISTANT SECRETARY FOR HEALTH (DISEASE PREVENTION AND HEALTH PROMOTION) AND DIRECTOR, OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY DR. SANFORD MILLER, DIRECTOR, CENTER FOR FOOD SAFETY AND APPLIED NUTRITION, FOOD AND DRUG ADMINISTRATION, AND DR. ALAN FORBES, DIRECTOR, OFFICE OF NUTRITION AND FOOD SCIENCES, CENTER FOR FOOD SAFETY AND APPLIED NUTRITION, FOOD AND DRUG ADMINISTRATION

Dr. MCGINNIS. Thank you, Madam Chairman.

I am pleased to be here today to represent the Department of Health and Human Services. And, as you have noted, with me today are Dr. Sanford Miller on my right, and on my left, Dr. Alan Forbes, from the Center for Food Safety and Applied Nutrition of the Food and Drug Administration.

The Department sponsors many nutrition activities and has a strong commitment to nutrition on many fronts, including research, regulation, food safety, national nutrition monitoring, food assistance programs, and nutrition education.

We are submitting an extensive statement for the record, with your permission, and I will deliver a shorter version this morning. if I may.

Because dietary factors are primary risk factors in the leading sources of morbidity and mortality—you have mentioned in the course of your opening statements the relationships between heart disease, cancer, stroke, also related to diabetes, osteoporosis—nutrition is therefore a cornerstone of our prevention programs.

These hearings on S. 1699, the Nutritional Information Labeling Act of 1985, are especially timely because they allow us to focus on labeling as a key component in our federally coordinated nutrition information and education programs.

The basis for the nutrition policies which guide these programs is enunciated in our 1990 goals for disease prevention and health promotion, and in the recently published second edition of the DHHS/USDA Dietary Guidelines for Americans, which I would also like to submit.

These guidelines establish the framework for our public information efforts in nutrition, as well as the nutrition components of specific campaigns like the healthy mothers, healthy babies campaign, and the Healthy Older People Program, which are currently under way.

Another supporting effort is the series of 14 minibulletins designed and distributed by USDA to give practical advice to the consumer on how to use the dietary guidelines to choose and prepare food to meet individual needs.

Each of these pamphlets addresses one of the seven specific guidelines, and each makes reference to food labeling and how it can be used as a major tool in food selection. The minibulletins, as well as many other consumer education programs, are relying on complete and relevant food labeling to enable consumers to use the guidance which they contain. Food labels provide an important resource in support of all these efforts.

Within the Public Health Service, the Food and Drug Administration has demonstrated significant Federal leadership in furthering the cause of nutrition information and education through its labeling activities.

I have attached detailed comments, as I mentioned, regarding the specific issues of sodium, potassium, lipid and cholesterol labeling, but I would like to highlight, if I may, some of the milestones achieved and the continuing efforts and mechanisms that are being used to address the labeling issues identified in S. 1699, and which we believe make additional legislative authority unnecessary at this time.

FDA's sodium initiative is a good example of success that can be accomplished without new legislation. In response to the growing medical concern over sodium in the diet, FDA in 1981 launched a major initiative to provide more information to consumers about the association between sodium consumption and hypertension; provide consumers with a wider choice of foods with reduced sodium content; and reduce the amount of sodium added to foods.

Specifically, the initiative has involved educating the public about sodium through a variety of means, including the dissemination of brochures and the airing of radio and television public service announcements, monitoring changes in sodium consumption through the National Nutrition Monitoring System that we administer jointly with the Department of Agriculture, and increasing sodium content labeling on processed foods by adding a sodium information requirement to our nutrition labeling regulations.

Senator METZENBAUM. Excuse me. Could you just repeat that last sentence? What did you say?

Dr. MCGINNIS. The last clause is "increasing sodium content labeling on processed foods by adding a sodium information requirement to our nutrition labeling regulations."

Senator METZENBAUM. Does that mean you are doing that, going to do it, or thinking about doing it?

Dr. MCGINNIS. As of July 1 of next year, sodium will be included in nutrition labels.

Senator METZENBAUM. Thank you.

Dr. MCGINNIS. The food industry has also cooperated by marketing new lines of sodium-modified products, reducing the amount of sodium added to processed food, and adding sodium information to an increasing number of products.

In fact, from 1980 to 1984, sodium labeling has increased from 14 percent to 40 percent of the dollar sales of FDA-regulated packaged

processed foods, and it is expected that it will be at 60 percent by next July 1, with the issuance that we just mentioned.

The FDA activity was complemented by an ongoing major public education program launched by the National Heart, Lung, and Blood Institute on high blood pressure, which also targeted consumers' attention on use of sodium in their diets.

Nutrition labeling has been a central focus of the sodium initiative. To further encourage manufacturers to reduce added sodium in processed food and to make more information available about the sodium content of foods, FDA has recently revised the nutrition labeling regulations to require that labels that provide full nutrition information must now also include the amount of sodium in terms of milligrams per serving.

In addition, the regulations specify and define five sodium-related terms that may be used in labeling. These are: Sodium-free, which is used when there is less than 5 milligrams of sodium per serving; very low sodium, which is 35 milligrams or less; low sodium, which is 140 milligrams or less; reduced sodium, which is processed to reduce the usual level of sodium by at least 75 percent; and unsalted, which is processed without salt whereas the food normally is processed with salt.

These terms are meant to enhance consumer understanding by indicating the relative amounts of sodium in various foods, ensure consistency in the marketplace, and prevent false and misleading labeling.

The sodium labeling revisions to the regulations will become effective on July 1, 1986, as I mentioned a few moments ago——

Senator METZENBAUM. Now, you have been running on. Let me just be sure I understand. Are these requirements, or are these requirements if they voluntarily label?

Dr. MCGINNIS. These are requirements for foods which have nutrition labeling.

Senator METZENBAUM. What's that?

Dr. MCGINNIS. Requirements for foods which have nutrition labeling.

Senator METZENBAUM. So, if they decide to put on nutrition labeling and use that kind of designation, then they must come within those things, but they do not have to put anything on at all.

Dr. MCGINNIS. That is correct.

Senator METZENBAUM. OK. I just wanted to be sure that I understood.

Dr. MCGINNIS. Let me now turn to our cholesterol education initiative. The National Heart, Lung, and Blood Institute, with the support of FDA, the USDA, the American Heart Association, the American Medical Association, and the American Public Health Association, is initiating a National Cholesterol Education Program to reduce coronary heart disease, morbidity, and mortality attributed to elevated blood cholesterol. Close involvement is planned with governmental, professional, voluntary, community, private, and educational organizations that have already focused their activities on cardiovascular health information and education. The effectiveness of such networking has been established by the National High Blood Pressure Education Program referred to earlier. Although some of the specific issues are unique to lipids, we believe

that the FDA approach to meeting regulatory and consumer education needs should be similar in philosophy and spirit to that of the sodium initiative.

For the U.S. population as a whole, reduction in our current intake of total fat, saturated fat, and cholesterol is sensible. The ways and means of reducing lipid consumption are addressed along a number of fronts—educational, research, regulatory, et cetera, and represent many collaborative arrangements among agencies, industry, and others in the private sector.

The technical issues embodied in S. 1699 have been addressed in our attached comments, but I would like to point out that the FDA is now involved in the development of criteria and proposed improvements in cholesterol labeling coupled with fatty acid labeling.

In conclusion, the Public Health Service has developed and implemented over the years major programs designed to address the concerns of the medical community and consumers about nutrients and their impact on health. With regard to sodium, we believe that our programs have resulted in greater consumer awareness and avoidance of sodium, the reduction of sodium in processed foods, and increased labeling information for consumers.

We also believe that the National Cholesterol Education Program, coupled with development of appropriate education and labeling programs, will achieve measurable success in the foreseeable future.

Based on the success of our sodium initiative, these efforts will likely lead to an increase in the availability of cholesterol/fatty acid-labeled foods, encourage the industry to make low-cholesterol and/or low-fat products available, and inform consumers about the benefits of lowering cholesterol and fat intake.

Furthermore, we have every reason to anticipate the same degree of success with the Department's cholesterol educational and regulatory initiative as has been demonstrated by FDA's sodium initiative begun in 1981.

Madam Chairman, I thank you for this opportunity to outline our current programs and our position on S. 1699. My colleagues and I would be happy to answer any questions the Committee may have.

[The prepared statement of Dr. McGinnis and comments by the Public Health Service, Department of Health and Human Services follow:]

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

STATEMENT

BY

J. MICHAEL MCGINNIS, M.D.

DEPUTY ASSISTANT SECRETARY FOR HEALTH

(DISEASE PREVENTION AND HEALTH PROMOTION)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Before the

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

October 10, 1985

I am happy to be here today representing the Department of Health and Human Services. With me is Dr. Sanford A. Miller, Director of the Center for Food Safety and Applied Nutrition, Food and Drug Administration. The Department sponsors many nutrition activities and has a strong commitment to nutrition on many fronts including research, regulation, food safety, national nutrition monitoring, food assistance programs and nutrition education. My own office, the Office of Disease Prevention and Health Promotion in the Office of the Assistant Secretary for Health, is charged with the responsibility of coordinating nutrition activities within the DHHS, and with other Federal agencies, in addition to advising the Assistant Secretary for Health and the Secretary on policy matters related to nutrition and health.

These hearings on S.1699, the "Nutritional Information Labeling Act of 1985," are especially timely because they allow us to focus on labeling as a major component in our federally coordinated nutrition information and education programs. The fundamental nutrition policy which is the basis for these programs is enunciated in the recently published Second Edition of the DHHS/USDA Dietary Guidelines for Americans. Food labels are a significant mechanism for supporting the overall interagency public education effort on "nutrition and your health" contained in the Dietary Guidelines. One of the supporting efforts is a series of 14 mini-bulletins designed and distributed by USDA to give practical advice to the consumer on how to use the Dietary Guidelines to choose and prepare food to meet individual needs. Each of these pamphlets addresses one of the seven specific guidelines, and each makes reference to food labeling and how it can be used as a major tool in food selection. The mini-bulletins, as well as many other consumer

education programs, are relying on complete and relevant food labeling to enable consumers to use the guidance which they contain. Within the Public Health Service, the Food and Drug Administration (FDA) has demonstrated significant Federal leadership in furthering the cause of nutrition information and education through its labeling activities. FDA's activities in support of consumer information through food labeling have been done within the framework of existing legislative authority.

I have attached detailed comments regarding the specific issues of sodium, potassium, lipid and cholesterol labeling. However, I would like to highlight some of the milestones achieved and the continuing efforts and mechanisms that are being used to address the labeling issues identified in S.1699, which we believe make additional legislative authority unnecessary at this time.

Sodium Initiative

FDA's sodium initiative is a good example of success that can be accomplished without new legislation. In response to the growing medical concern over sodium in the diet, FDA in 1981 launched a major initiative to provide more information to consumers about the association between sodium consumption and hypertension; provide consumers with a wider choice of foods with reduced sodium content; and reduce the amount of sodium added to foods. Specifically, the initiative has involved educating the public about sodium through a variety of means including the dissemination of brochures and the airing of radio and television public service announcements; monitoring changes in sodium consumption through the National Nutrition Monitoring System that we administer jointly with the Department of Agriculture; and increasing sodium content

labeling on processed foods by adding a sodium information requirement to our nutrition labeling regulations.

The food industry has also cooperated by marketing new lines of sodium-modified products, reducing the amount of sodium added to processed food, and adding sodium information to an increasing number of products. In fact since 1980, sodium labeling has increased from 14 to 40 percent of the dollar sales of FDA-regulated packaged processed foods.

This FDA activity was complemented by an ongoing major public education program launched by the National Heart, Lung, and Blood Institute (NHLBI) on high blood pressure, which also targeted consumers' attention on use of sodium in their diets.

Nutrition labeling has been a central focus of the sodium initiative. To further encourage manufacturers to reduce added sodium in processed food and to make more information available about the sodium content of foods, FDA has recently revised the nutrition labeling regulations to require that labels that provide full nutrition information must now also include the amount of sodium in terms of milligrams per serving. In addition, the regulations specify and define five sodium-related terms that may be used in labeling. These are "sodium-free," (which may be used when there is less than five milligrams of sodium per serving), "very low sodium" (35 milligrams or less), "low sodium" (140 milligrams or less), "reduced sodium" (processed to reduce the usual level of sodium by at least 75 percent), and "unsalted" (processed without salt whereas the food normally is processed with salt). These terms are meant to enhance consumer understanding by indicating relative amounts of sodium in various foods, ensure consistency in the marketplace, and prevent false and misleading labeling.

The sodium labeling revisions to the regulations will become effective on July 1, 1986 to allow manufacturers sufficient time to prepare the new labeling and avoid any increase in costs to consumers if existing label inventories for slow-moving products could not be used. Manufacturers have promised us that in many cases they will add sodium declarations before this date as current inventories are depleted.

Cholesterol Education Initiative

The National Heart, Lung, and Blood Institute, with support of FDA, the USDA, the American Heart Association, the American Medical Association, and the American Public Health Association is initiating a National Cholesterol Education Program to reduce coronary heart disease morbidity and mortality attributed to elevated blood cholesterol. Close involvement is planned with governmental, professional, voluntary, community, private and educational organizations that have already focused their activities on cardiovascular health information and education. The effectiveness of such networking has been established by the National High Blood Pressure Education Program referred to earlier.

Although some of the specific issues are unique to lipids, we believe that the FDA approach to meeting regulatory and consumer education needs should be similar in philosophy and spirit to that of the sodium initiative. There is controversy about what recommendations are appropriate for healthy Americans. But for the U.S. population as a whole, reduction in our current intake of total fat, saturated fat, and cholesterol is sensible. The ways and means of reducing lipid consumption are being addressed along a number of fronts (educational, research, regulatory, etc.) and represent many collaborative arrangements among agencies, industry and others in the private sector.

The technical issues embodied in S.1699 have been addressed in our attached comments. However, I would like to point out that FDA is involved in development of criteria and proposed improvements in cholesterol labeling, coupled with fatty acid labeling.

Conclusion

In conclusion, the Public Health Service has developed and implemented over the years major programs designed to address the concerns of the medical community and consumers about nutrients and their impact on health. With regard to sodium, we believe that our programs have resulted in greater consumer awareness and avoidance of sodium, the reduction of sodium in processed foods and increased labeling information for consumers.

We also believe that the National Cholesterol Education Program, coupled with development of appropriate education and labeling programs, will achieve measurable success in the foreseeable future. Based on the success of our sodium initiative, these efforts will likely lead to an increase in the availability of cholesterol/fatty acid-labeled foods, encourage the industry to make low-cholesterol and/or low-fat products available, and inform consumers about the benefits of lowering cholesterol and fat intake. Furthermore, we have every reason to anticipate the same degree of success with the Department's cholesterol educational and regulatory initiative as has been demonstrated by FDA's sodium initiative begun in 1981. Therefore, we do not believe that additional legislative authority is needed at this time.

Mr. Chairman, thank you for this opportunity to outline our current programs and our position on S.1699. Dr. Miller and I would be happy to answer any questions the Committee may have.

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

COMMENTS ON S. 1699,
"NUTRITIONAL INFORMATION LABELING
ACT OF 1985"

BY

PUBLIC HEALTH SERVICE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR THE HEARING BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

OCTOBER 10, 1985

FOR RELEASE UPON DELIVERY

The following statement is provided for the hearing of the Committee on Labor and Human Resources, October 10, 1985, on S. 1699, the "Nutritional Information Labeling Act of 1985."

S. 1699 would require that each food label bear a substantial amount of information about sodium, potassium, fats, oils, calories and cholesterol. More specifically, the bill would require a listing of the milligrams per serving of sodium or potassium whenever either exceeds 35 milligrams per serving and the milligrams per serving of cholesterol whenever the food contains cholesterol. The bill also would require a listing of the common or usual name of the fat and oil in the food, the total number of calories per serving and the total grams of fat per serving. In addition, S. 1699 would require a breakdown of the number of grams of saturated fat, polyunsaturated fat and monounsaturated fat per serving and the number of calories per serving derived from each. The Secretary of Health and Human Services would be permitted to exempt some manufacturers from the sodium and potassium labeling requirements as long as notices containing this information were displayed near the food in the store.

The Food and Drug Administration (FDA), as a component of the Public Health Service (PHS), currently requires ingredient labeling on almost all processed foods and nutrition labeling on fortified foods and foods that make nutrition claims. Nutrition labeling lists calories, protein, carbohydrates, fats, vitamins, and minerals in a standardized format. The most recent data available indicate that about 55 percent of all processed foods now carry nutrition labeling and that consumers are familiar with its format.

The Department of Health and Human Services (HHS) has recently amended the nutrition labeling requirements to add sodium and potassium information and has announced plans to amend them again to address the

addition of cholesterol information. In our view, the current approach is working and the extensive Federal intervention reflected by S. 1699 is not currently warranted.

Following is a discussion of FDA's sodium initiative: what it consists of and what it has accomplished.

SODIUM

Sodium and Hypertension

Sodium is an essential constituent of the body and is present in most foods. However, in recent years there has been increasing concern about the amount of sodium in the diet as scientists have explored the relationship between sodium and hypertension, or high blood pressure. The exact relationship between the two is not a simple issue. Other medical factors, such as body weight, the level of physical activity, and genetic predisposition make it difficult to determine precisely how sodium alone may contribute to the genesis of hypertension and related diseases. We do know that the blood pressure of many unmedicated patients with hypertension will go down when they are fed a diet severely restricted in sodium. We know too that the blood pressure of certain sodium-sensitive individuals will increase when substantial amounts of sodium are added to the diet. It is also known that high blood pressure is more common in societies where people have high intakes of sodium, and that high blood pressure occurs much less frequently in societies where people eat low amounts of sodium.

For these reasons, in recent years it has become a generally accepted medical practice to encourage patients with high blood pressure to reduce their sodium intake. One of the most effective ways to decrease

sodium consumption is to eliminate or reduce the amount of salt added to meals in the kitchen or at the table. Salt is 40 percent sodium and a teaspoon contains about 2000 milligrams of sodium. A daily sodium intake of 1100 to 3300 milligrams has been established as safe and adequate by the National Research Council. However, many American adults consume 5000 to 7000 milligrams.

Reducing the use of table salt in the home may not be sufficient for some individuals. Many raw and processed foods contain natural or added sodium. Some processed foods may contain amounts at levels high enough so that their consumption should be restricted or even avoided by persons with high blood pressure.

FDA's Sodium Initiative

In response to the growing medical concern over sodium in the diet, FDA in 1981 launched a major initiative to provide more information to consumers about the association between sodium consumption and hypertension; provide consumers with a wider choice of foods with reduced sodium content; and reduce the amount of sodium added to foods. More specifically, the initiative has involved educating the public about sodium through a variety of means including the dissemination of brochures and the airing of radio and television public service announcements. It has also involved encouraging the food industry to reduce the amount of sodium added to processed foods and to market a greater variety of foods that are lower in sodium; monitoring changes in sodium consumption through the National Nutrition Monitoring System that we administer jointly with the United States Department of Agriculture (USDA); and increasing sodium content labeling on processed foods by adding a sodium information requirement to our nutrition labeling regulations.

Public Information Activities

A major aspect of FDA's sodium program has been a nationwide public information campaign to increase consumer awareness of the relationship between sodium and hypertension. Since 1980 the FDA has distributed over 3 million publications about sodium, such as "The Case For Moderating Sodium Consumption," "The Sodium Content of Your Food," "Tips for the Salt-Conscious Consumer," "Hypertension Targets: Blacks and Elderly," "Sodium Menus Pass School Tests," and "Sodium: Think About It," to mention some of the many titles distributed nationwide. These publications are sent to schools, supermarkets, the Federal Consumer Information Center in Pueblo, Colorado and to nationwide associations, such as the American Association of Retired Persons (AARP). At present, FDA is printing another version of the USDA/FDA publication "Sodium: Think About It" in cooperation with the AARP aimed at the elderly population. AARP plans to distribute the publication through its 5,000 chapters. Also, recently made available through the Federal Consumer Information Center is the latest edition of the "Dietary Guidelines for Americans," jointly developed by USDA and HHS, advising Americans to avoid too much sodium in their diet as well as too much fat, saturated fat, and cholesterol.

FDA has also developed a special sodium education campaign aimed at the black community since one out of every four black persons has high blood pressure as compared to one out of six for the population as a whole. In 1982, FDA mailed articles to editors of approximately 60 publications primarily directed toward the black population explaining the link between high blood pressure and sodium consumption and the

particular aspects of the health risk for blacks. These sodium articles were subsequently reprinted in several of these publications.

In 1983, former Commissioner of Food and Drugs Arthur Hull Hayes sent a letter to 125,000 primary care physicians in the United States on the subject of sodium reduction in general and offering them the opportunity to request a brochure for their patients, entitled "A Word About Low Sodium Diets." As a result of this letter, FDA sent out 500,000 copies of the brochure.

In addition to printed materials, a number of public service announcements on sodium have been prepared and distributed to television and radio stations and have been given substantial air time. For example:

-- In 1981, former Commissioner Hayes delivered a nationally televised announcement drawing attention to the advisability of moderating sodium intake.

-- In 1982, FDA prepared several radio and television spots featuring sodium messages directed at black Americans as well as Spanish-speaking Americans.

-- In 1983, Don Drysdale, former major league baseball player and nationally known sports announcer, participated in a 30-second television message sponsored by FDA for nationwide distribution on sodium reduction.

-- For several years, including 1984 and 1985, the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH) has included sodium restriction among its high blood pressure control messages in nationwide radio and television spots. The USDA also distributed nationwide radio and television messages on sodium reduction in 1984 and 1985.

Additional initiatives are either planned or underway. For example, next January FDA will send out another 30-second announcement to the nation's television stations asking Americans to "Be sensible about sodium." It is anticipated that as many as 25 percent of the stations nationwide will air this 30-second FDA message. In addition, over 60,000 school cafeterias nationwide will soon receive FDA's latest sodium reduction poster urging moderation with regard to sodium intake. Recently, FDA worked with the Department of Defense on instituting a shelf labeling program for commissaries worldwide to indicate those foods that are low in sodium, fats, cholesterol, and calories; this program will be implemented in early 1986.

Various other projects are also being conducted. During 1984, the Office of Consumer Affairs, FDA, initiated a pilot sodium reduction consumer education project through the National Urban League in New York, Richmond, Dallas, and Fort Wayne. After the pilot, the Richmond Urban League continued the initiative focusing on Richmond area junior high school students and the elderly to increase their awareness of sodium intake and to encourage them to reduce the sodium

in their diets. The Richmond project has reached over 1,000 individuals through workshops and about four million people through television and the news media.

FDA also collaborates extensively with the National High Blood Pressure Education Program in a continuing effort to disseminate information on the benefits of sodium reduction. This national blood pressure control effort, which is coordinated by NIH's National Heart, Lung, and Blood Institute, is comprised of 15 Federal agencies, virtually all state health departments, 150 major national organizations, such as professional societies, voluntary health associations, pharmaceutical companies, labor and management groups, and 2,000 organized community programs. The program has prepared various materials relating to sodium and hypertension, which it distributes throughout its network. Information kits on this topic directed at the health professional have been made available. The program also jointly sponsors counseling seminars for nutritionists and public health workers with the American Heart Assocation. Statistics reveal that premature death and illness from diseases associated with high blood pressure have declined dramatically since the national program began in 1972.

Members of the food industry (either as individual firms or through trade associations) and consumer groups have been active in the public information facet of FDA's program. The Sodium Education Task Force, established by FDA, NIH, and USDA in 1981, is composed of representatives from Government as well as from the National Food

Processors Association, the Food Marketing Institute, the Salt Institute, the National Restaurant Association, the Grocery Manufacturers of America, the American Meat Institute, the Center for Science in the Public Interest, and Public Voice. This Task Force meets approximately four times a year to promote sodium education, exchange information on sodium-related topics, plan and produce public service announcements, and assist national associations, such as the AARP, by providing educational materials for its membership.

A number of associations and companies have produced and widely distributed consumer brochures on sodium including the Food Marketing Institute ("Sodium Sense"), the Salt Institute ("Straight Talk About Salt"), General Mills ("Salt/Sodium") and the National Soft Drink Association ("Soft Drinks and Sodium"). These publications have been reviewed and endorsed by FDA and the National High Blood Pressure Education Program.

Many national and regional food chains have introduced special sections and promotional brochures featuring low sodium diets to serve an increasingly sodium-conscious clientele. These chains include Giant Food, Safeway, Jewel, and Stop 'N Shop Stores. For example, in 1981 Giant Food Inc., in cooperation with the FDA, initiated a Special Diet Alert Program involving shelf labeling to highlight low-sodium, low-fat and cholesterol, and low-calorie items on its store shelves. A two-year multistore market research study has demonstrated that the program has increased sales in the low-sodium, low-fat and cholesterol, and low-calorie product lines.

The Campbell Soup Company has sponsored a Conference on Hypertension (including sodium restriction) in which FDA participated. The Conference was organized by outstanding authorities from several major universities.

Product and Labeling Changes

In addition to their public information efforts, the food industry has cooperated with our sodium initiatives by marketing new lines of sodium-modified products, reducing the amount of sodium added to processed food, and adding sodium information to an increasing number of products.

The A.C. Nielsen Company, a worldwide data collection firm, regularly surveys the introduction of new food products and provides FDA with information on marketplace activity. During the years 1979-1980, according to a Nielsen survey, eight new low- or sodium-free products were introduced on the market. When FDA's sodium program was first announced in 1981, only four new low- or sodium-free products were introduced that year. However, between 1982 and the first seven months of 1985 their surveys showed that 168 new sodium reduced products, involving a wide spectrum of food categories, appeared on the market. It is encouraging to note that the marketing of these products has not been restricted to special dietetic food shelves in markets; rather these products are available on general food shelves.

Another major area where the industry has cooperated with FDA is in adding sodium information to food labels. FDA has been monitoring industry progress in this area for a number of years through its Food

Label and Package Survey (FLAPS). FLAPS is an FDA component of the HHS/USDA's National Nutrition Monitoring System and contributes to FDA's multifaceted sodium monitoring system by tracking the prevalence of sodium information on certain food labels. Instituted in 1978, FLAPS is a survey of a nationwide sampling of FDA-regulated packaged processed food products. The sample consists of approximately 1,700 food brands and is representative of packaged processed food sold in grocery stores throughout the United States. Included in the sample are products drawn from 212 product classes (e.g., cake mixes, canned peas) representing 51 major processed food groups (e.g., baking aids, canned vegetables) for which detailed sales information is available. The information from the food labels is analyzed by FDA in terms of national sales volume of the brands in the sample, which is closely correlated with the number of products purchased.

When the first FLAPS study was conducted in 1978, we found that 7.5 percent of dollar sales of FDA-regulated packaged processed food bore quantitative sodium labeling. In 1980, even before FDA's sodium initiative had begun, the percent of quantitative sodium labeling had risen to 13.9. By 1982, one year after our initiative began, 18.9 percent of dollar sales of packaged processed food bore quantitative sodium labeling. The most recent survey, which analyzed the labels of products collected in supermarkets between February and July 1984, reveals that quantitative sodium information now appears on the labels of foods that account for 39.6 percent of the dollar sales of FDA-regulated packaged processed foods.

We believe that the most recent FLAPS estimate is a conservative one. A number of lower sodium products have recently entered the market but are too new to be included in the 1984 FLAPS data. Additionally, a number of manufacturers have indicated to FDA that quantitative sodium labeling has been added to a number of product labels since the most recent FLAPS collection.

The FLAPS survey base includes product categories such as ground coffee, tea, and sugar that contain virtually no sodium and would not be expected to have quantitative sodium labeling. If these "no sodium" products were not included, approximately 44.1 percent of dollar sales of the FDA-regulated packaged processed foods would bear sodium labeling.

Forty-six of the 51 processed food groups in the FLAPS survey now include some products with quantitative sodium labeling. This compares with 40 processed food groups in the 1983 survey and 31 in 1982. These increases are significant because consumers now have the option to purchase at least one (and usually more than one) brand with sodium labeling in most major food groups. Quantitative sodium labeling also appears for the first time in the 1984 survey in the following food groups: canned seafood, crackers, nut snacks, pickles and relishes, salt, seasoning, and spices. These are food groups that generally have high sodium levels. This is further evidence that sodium labeling is becoming more widespread throughout the food supply and is not limited to low sodium specialty products.

Nutrition Labeling

To further encourage manufacturers to reduce added sodium in processed food and to make more information available about the sodium content of foods, the nutrition labeling regulations were revised to require that labels that provide full nutrition information must now also include the milligrams of sodium contained in each serving. In addition, the regulations specify and define the sodium-related terms that may be used in labeling. These include "sodium-free" (used when there is less than five milligrams of sodium per serving), "very low sodium" (35 milligrams or less), "low sodium" (140 milligrams or less), "reduced sodium" (processed to reduce the usual level of sodium by at least 75 percent), and "unsalted" (processed without salt whereas the food normally is processed with salt). These terms are designed to enhance consumer understanding by indicating relative amounts of sodium in various foods, ensure consistency in the marketplace, and prevent potential consumer confusion which might arise without standardized terminology.

The sodium labeling revisions to the regulations will become effective across-the-board on July 1, 1986 to allow manufacturers sufficient time to prepare the new labeling and avoid any increase in costs to consumers if existing label inventories for slow-moving products could not be utilized. Manufacturers have promised that in many cases they will add sodium declarations before this date as current label inventories are depleted.

Consequently, by next July, after combining the approximately 55 percent of processed foods which bear full nutrition labeling with the approximately 5 percent of processed foods that do not have full nutrition labeling but choose to bear sodium content labeling by itself, the total amount of packaged processed foods regulated by FDA that will bear quantitative sodium labeling should reach at least 60 percent. And this figure does not represent those products that are virtually sodium-free, such as ground coffee and tea, for which there is no real need for sodium labeling. At that level, consumers can make a very large number of choices at the supermarket that take sodium content into account. Market pressure will push the percentage still higher if consumers expess their preference for nutrition information and discriminate against the minority of products that lack such labeling.

These figures, of course, only reflect foods that are regulated by FDA. Efforts are also underway to increase sodium labeling on meat and poultry products regulated by the Food Safety and Inspection Service of the Department of Agriculture. Guidelines issued by the Food Safety and Inspection Service include the same descriptors as in our regulations so that information is provided to consumers consistently and in a non-misleading manner. The new requirements make it easier for producers of USDA-regulated products to include sodium content information on their product labels while assuring that product labels are accurate.

Consumer Awareness

We believe that one of the main factors motivating the food industry to provide labeling information is the consumer's increasing awareness

of the desirability of eating less sodium and a correspondingly greater reliance on sodium labeling information when shopping for food. In 1978, FDA conducted a nationwide consumer survey in which the following question was asked of approximately 1,400 individuals who read ingredient labels: As a result of reading ingredient listings, what are you avoiding or limiting in your diet? In 1978, only 14 percent of those participating in the survey indicated that they were trying to avoid or limit sodium intake. By the end of 1983 this figure had nearly tripled to 40 percent. This survey will be conducted again in the spring of 1986.

Another indication of consumer awareness is the number of inquiries received by FDA. Consumer inquiries pertaining to "sodium" have taken an almost three-fold leap from 1983 to 1984. In 1983, FDA received approximately 6,400 inquiries on sodium; in 1984, FDA received over 17,000 inquiries and requests for sodium publications. Inquiries on "sodium" constitute the single largest area of consumer interest.

POTASSIUM

The current nutrition labeling regulations have also been amended to provide for potassium content information expressed as milligrams of potassium in a serving of food to be placed on the label immediately following the sodium content. Unlike the sodium requirement, the potassium provisions are not required as part of nutrition labeling since available data do not suggest any public health concern about current or anticipated levels of potassium consumption by the American population as a whole.

There are some clinical conditions which may require dietary control of potassium under certain circumstances. For example, control of

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potassium intake can be of particular importance for patients with severe kidney disease. Also patients on diuretic medication may require increased potassium intake, often supplied in the form of potassium supplements. However, persons with conditions requiring control of potassium are generally under strict professional supervision, and are usually well advised about food sources of potassium.

The preamble to the potassium amendment to the regulations stated that FDA would continue to monitor the potassium content of the food supply and periodically reexamine the need for additional potassium labeling initiatives. A major concern originally was that large amounts of potassium-containing compounds might replace sodium-containing substances in the food supply as manufacturers developed lowered-sodium food products. So far, this has not turned out to be the case. Rather, sodium reduction has been achieved primarily by reducing the salt in the products. However, FDA is monitoring for any major changes in current trends and practices.

FATS/OILS AND CHOLESTEROL

Background

Fat is the source of essential fatty acids, such as linoleic acid, which are necessary for maintenance of normal health. Fats and oils in the diet are also carriers of some vitamins, including A, D, E, and K. Thus, while fat is a necessary and beneficial part of the diet, there is evidence that eating too much fat may increase some individuals' chances of developing chronic health problems, most noteably heart disease and certain types of cancer.

Cholesterol differs from fats and oils in that it occurs only in animal tissues. Foods such as meat, poultry, dairy products, eggs, lard, seafood, and most products that have animal-derived ingredients contain varying amounts of cholesterol. Populations such as ours with diets high in saturated fats and cholesterol tend to have high blood cholesterol levels. Individuals within these populations usually have greater risks of having heart attacks than people eating low-fat, low-cholesterol diets.

An elevated blood cholesterol level has been implicated as a factor in the development of atherosclerosis or "hardening of the arteries," a major contributor to coronary heart disease. In atherosclerosis, a buildup of solid material in and on the walls of blood vessels occurs that restricts the flow of blood. This material, referred to as "plaque," usually contains an appreciable amount of cholesterol.

For many individuals, there appears to be a correlation between the severity of the plaque deposits and the levels of cholesterol in the blood. Many questions about the buildup of plaque remain unanswered, however, including why plaque deposits are formed, what role the level of cholesterol in the blood plays in plaque formation, and to what extent the consumption of saturated fatty acids and cholesterol in the diet influences blood cholesterol levels. In addition, several factors other than blood levels of cholesterol, such as high blood pressure, cigarette smoking, diabetes mellitus, and obesity, seem to be linked to the development of atherosclerosis.

Our most recent findings on this subject come out of a consensus development conference on lowering blood cholesterol levels held by the National Institutes of Health on December 10-12, 1984. The consensus panel of experts concluded in its report that "elevated blood cholesterol level is a major cause of coronary artery disease," and that "there is no doubt that appropriate changes in our diet will reduce blood cholesterol levels."

Listing Fats and Oils

As mentioned above, S. 1699 would require that each food label state the specific common or usual name of each fat or oil contained in the food, the grams of fat contained in each serving and the calories in each serving derived from the fat. In addition, the bill would require a breakdown of the grams and calories per serving attributable to saturated, polyunsaturated, and monounsaturated fat. Also, S. 1699 calls for each food label to state the total number of ounces contained in each serving of food and the total number of calories attributable to such serving.

Current nutrition and ingredient labeling requirements include much but not all of this information. We believe that for fats and oils, our current approach to both nutrition and ingredient labeling includes all the essential information for consumers to make informed choices about their diet. Federal labeling requirements ought to reflect a balance among all the legitimate interests that must be considered, including cost to consumers. In our view, the additional Federal requirements that would be imposed by S. 1699 would increase the cost

to consumers by requiring nonessential information that would be confusing to many people.

Current nutrition labeling already provides for the "serving size" specified in ounces or other common household measures, the calories per serving and the number of grams of fat per serving. Furthermore, when fatty acid information is provided as a part of nutrition labeling, the amount of fatty acids stated in grams per serving for both polyunsaturated and saturated fatty acids is required. The requirements for ingredient labeling include a declaration on the food label of the common or usual name of each ingredient, including each fat and oil, when the food is fabricated from two or more ingredients. In those cases where the fats and oils do not constitute the predominant ingredient, manufacturers have a choice between listing only the fats and oils that are actually in the product or listing all the fats and oils that sometimes are used in the product--so called "and/or" labeling.

The current regulations that permit "and/or" labeling for fats and oils is a good example of how competing, legitimate interests must be taken into account when establishing labeling requirements. In 1971, FDA proposed a regulation to require the declaration of fat and oil ingredients by specific names instead of by the generic term "shortening," then in use. Under the 1971 proposal, the terms "beef fat" or "vegetable oil" would have been required in place of the more general term "shortening." A revised proposal was issued in 1974 as part of an Agency effort to organize past initiatives into one proposal.

Industry comments received on the proposals pointed out, however, that (1) manufacturing techniques alter fats and oils so that those ingredients in the finished product do not differ greatly, regardless of their source, and (2) specific ingredient labeling would increase food costs because manufacturers would have to reprint labels whenever fat and oil ingredients were changed, a frequent occurrence due to fluctuations in price or supply.

Based on the comments received from consumers, health professionals, and industry, FDA issued final regulations based on the proposals in 1976. The rule, which is currently in effect, reflected the agency's conclusion that more information would permit persons who wished to avoid specific fats and oils to do so. The rule also reflected FDA's interest in avoiding unnecessarily higher prices for consumers as a whole by saving the expense of switching labels when fat or oil sources are changed by the manufacturer due to supply considerations. FDA concluded that "and/or" ingredient labeling requirements offered a reasonable solution to a real problem by permitting fat and oil ingredients not present in the product to be listed if they may sometimes be used in the product. However, when the fats and/or oils constitute the predominant ingredient, they must be listed specifically and the "and/or" alternative labeling is not permitted. The cost of products would not be raised by the need for stocking numerous labels and switching from one to another. And consumers with a special interest in the specific fats and oils in their food would be sufficiently informed to enable them to avoid foods that might contain undesired ingredients.

We nevertheless recognize that "and/or" labeling may require consumers with special dietary needs or preferences to reject what might be acceptable food products because labels fail to exclude the possibility that undesired ingredients are present. On the other hand, a listing of only those fats and oils that are actually present is not without some risk since consumers are unlikely to realize that ingredients can change from batch to batch and that the label must be read carefully before each purchase. In this respect, "and/or" labeling provides consumers with more consistent information to avoid certain ingredients because the label must always indicate that the ingredients may be present. This approach may not be viewed as perfect, but in our view it does achieve a fair balance among competing interests.

Fat and Calorie Breakdowns

Unlike S. 1699, the current nutrition regulations do not require information on monounsaturated fats or require that the number of calories per serving be broken down into subtotals derived from saturated, polyunsaturated or monounsaturated fats.

When fats are categorized in the labeling, the nutrition regulations only provide for the listing in grams of the saturated and polyunsaturated fatty acids. This reflects the view that the label should highlight for consumers only the essential information upon which to base dietary decisions. There is a continuing concern that overloading the label with less essential information might render the label less understandable and result in lower readership. It was decided, therefore, that the regulations should only address those

fatty acids that ought to be reduced i.e., saturated fatty acids, and those which are more desirable, i.e., polyunsaturated fatty acids. Since the monounsaturated fatty acids have a generally neutral effect except as a contributor to total fat intake, the specific number of grams provided by such fat was not required.

The same principle applies to calorie labeling. We believe that providing the additional data required in S. 1699 over and above the total calories per serving as now required would not provide consumers with essential information upon which to base dietary decisions. We agree that it is essential that consumers know the total number of calories in a serving of food in order to watch one's diet by limiting overall calorie intake from many foods. However, it is not essential to know the number of calories from fat in individual foods in order to limit one's overall fat consumption; knowing the amount of fat in individual foods (information currently provided as part of full nutrition labeling) is the fundamental piece of information necessary in measuring total dietary intake of fat and in planning a complete diet based on reducing the amount of total fat consumed. We are not convinced that knowing the calories from each type of fat should be required by Federal law.

Serving Size

In addition, we believe that the requirement in S. 1699 that "the total number of ounces contained in each serving" be stated would not provide consumers with meaningful information about the size of a serving in all cases. For many foods, other measures are more meaningful, such as slices, teaspoonfuls, tablespoonfuls and cupfuls.

Consequently, the nutrition regulations require that serving sizes be provided in terms of a convenient unit of the food or a convenient unit of measure that can be easily identified as an average or usual serving and can be readily understood by purchasers. We continue to favor this approach.

National Cholesterol Education Program

S. 1699 also would require that the labeling state the milligrams of cholesterol per serving whenever the food contains cholesterol.

There has been a growing recognition on our part that the current cholesterol and fatty acid labeling regulation alone does not adequately address the risks presented by a high cholesterol diet, and in fact restrictive provisions of current regulations may discourage the inclusion of usesful cholesterol information on labels. We have concluded that saturated fatty acid and dietary cholesterol deserves special attention in our nutrition awareness and labeling program, and barriers to more informative labeling should be removed. In many respects, however, our efforts in this area are just beginning, as evidenced by the fact that only six percent of FDA-regulated foods contain specific cholesterol information on their labels. We agree in principle with S. 1699 that this situation needs to improve, and our published regulatory program commits us to action in this area.

To increase public awareness, the National Heart, Lung, and Blood Institute has begun developing a National Cholesterol Education Program to reduce coronary heart disease morbidity and mortality attributed to elevated blood cholesterol. Many organizations and agencies have assisted the National Heart, Lung, and Blood Institute in developing

strategies for this new effort, including FDA, USDA, the American Heart Association, the American Medical Association, and the American Public Health Association. Its goals will be accomplished through the development of a national educational effort and through extensive cooperation and coordination with other Government agencies and intermediary groups in the private sector. This new program is scheduled to officially get underway next month. Since March there have been six strategy development meetings, involving government members and the medical community, to chart the future course of the program.

The National Cholesterol Education Program will be operated as a partnership with a wide range of organizations--governmental, professional, voluntary, community, private, education--that have already focused their activities on cardiovascular health information and education. The effectiveness of such networking has been established by the National High Blood Pressure Education Program referred to earlier.

The cholesterol education effort will develop programs for health professionals, their patients, and the public to increase awareness of the importance of lowering elevated blood cholesterol levels and to provide necessary information so that dietary changes and appropriate drugs can accomplish this lowering. Also, there are plans to help increase the awareness of primary and secondary school students concerning the role of blood cholesterol as a risk factor for heart disease and the benefits of lowering elevated levels of blood cholesterol.

FDA will be involved in several aspects of this program, including advising institutions and supermarket chains on appropriate fat and dietary cholesterol shelf-labeling initiatives and meeting with industry on the development of low-fat, modified fat and lower dietary cholesterol products (including encouraging labeling which emphasizes that foods derived from the plant kingdom are cholesterol-free).

Cholesterol Labeling

The requirement in S. 1699 that the amount of cholesterol per serving be indicated in milligrams is certainly the most precise way of providing information about the amount of cholesterol in food, but we question whether it would be the most meaningful. We have publicly announced and are presently developing an amendment to our labeling regulations that will propose terms for use on labeling (e.g., "cholesterol free," "low cholesterol," and "reduced cholesterol"), in conjunction with quantitative cholesterol declarations, that will probably be more helpful to the consumer and prevent misleading labeling. Additionally, this amendment will propose the use of comparative claims (e.g., 50 percent less cholesterol than our original product), provided quantitative cholesterol content information is supplied.

These new definitions will encourage manufacturers, the health professional community and government agencies to use the same terms to describe products with the same levels of cholesterol. Without such guidance, the resulting variations could negate the usefulness of public education efforts to assist consumers wishing to reduce their intakes of cholesterol.

CONCLUSION

In conclusion, over the years major programs have been developed and implemented to address the concerns of the medical community and consumers about sodium and fats and oils in processed food. With regard to sodium, we believe that our programs have resulted in greater consumer awareness and avoidance of sodium, the reduction of sodium in processed foods and increased labeling information for consumers. With regard to labeling of fats and oils we believe that the current labeling regulations strike a reasonable and responsible balance between the consumer's need to know what fats and/or oils constitute the food they eat versus the desirability of keeping prices down. Finally, we believe that the dietary fat and cholesterol labeling initiatives, as part of the significant multifaceted National Cholesterol Education Program, will achieve measurable success in the foreseeable future with respect to increasing the availability of fatty acid/cholesterol labeled foods, encouraging the industry to make low-fat, low-saturated fat, and low-cholesterol products available and informing the consumer about the benefits of lowering cholesterol and fat intake. Therefore, we do not believe that additional legislative authority is needed at this time.

Senator HAWKINS. Thank you. Are your colleagues here just for the questioning?

Dr. MCGINNIS. Yes.

Senator HAWKINS. Will you review with me, please, a statement in your testimony where you say:

> Consequently, by next July, after combining the approximately 55 percent of processed foods which bear full nutrition labeling with the approximately 5 percent of processed foods that do not have full nutrition labeling but choose to bear sodium content labeling by itself, the total amount of packaged processed foods regulated by FDA that will bear quantitative sodium labeling should reach at least 60 percent.

What you are saying is that you are leaning on the industry—is that what you are doing—this is not a mandatory, 100-percent labeling, but this is of companies that already label, and you are therefore going to ask them to more fully label?

Dr. MCGINNIS. Yes.

Senator HAWKINS. Explain that to me, please.

Dr. MCGINNIS. The FDA has jurisdiction now over about 80 percent of all sales of packaged foods. About 55 percent of those currently have nutrition labels. As of July 1, those will be required to include sodium. In addition, another 5 percent have voluntarily included sodium, so we expect that by July 1, at least 50 percent will have sodium labels.

Senator HAWKINS. Why wouldn't it be 100 percent?

Dr. MCGINNIS. That is not in the requirement at this point.

Dr. MILLER. Madam Chairman, the nutrition labeling regulations involve those foods that either fortify or enrich their food products; they must nutrition label; those foods for which a nutritional claim of some kind is made must label, and then those foods which the companies for one reason or another have decided to voluntarily nutrition label. That is, irrespective of sodium or anything else, they just decided that they want to provide all the nutrition information that should be on the label.

What we have done is add sodium as one of the mandatory requirements of that. So 55 percent of the foods that we regulate will have sodium labeling as well as everything else. For the 5 percent that are not nutrition labeled, there is a clause in our regulations which would say that if a company wants just to declare sodium, they can do that. It is the only nutrient for which this is true. If you want to make a claim about sodium, low sodium, or whatever, you have to provide the amount of sodium in the product on the label. That is a requirement.

So the fact of the matter is that the bulk of the people have decided for one reason or another to go for full nutrition labeling, which we think is more useful than just sodium labeling alone.

Senator HAWKINS. Why wouldn't it be across the board?

Dr. MILLER. Because there is no requirement for all foods to be nutrition labeled.

Senator HAWKINS. At the present time.

Dr. MILLER. At the present time, right. And the only requirements we have under which our regulations could be written are those which, as I said, either they were enriched or fortified, or they made some kind of nutritional claim about the product. In those cases, they have to nutrition label.

Senator HAWKINS. Dr. McGinnis, what does your Department say is the leading cause of death in the United States today?

Dr. MCGINNIS. The No. 1 cause of death in terms of disease is cardiovascular disease. Heart disease, specifically, is the leading cause of death. The leading single preventable risk factor related to all sources of mortality is cigarette smoking.

Senator HAWKINS. How about high blood pressure?

Dr. MCGINNIS. High blood pressure is the strongest risk factor for stroke, which is the third-ranking cause of death in the Nation.

Senator HAWKINS. No. 3?

Dr. MCGINNIS. No. 3, behind cancer.

Senator HAWKINS. And elevated blood cholesterol?

Dr. MCGINNIS. Elevated blood cholesterol is one of the three major risk factors for coronary artery disease, which leads to heart attack deaths. It may be an indicator as well of high fat intakes, which can be associated with a variety of causes of death.

Senator HAWKINS. I do not know if you sat through any of our hearings where—this same committee labors over the warning labels, or the risk labels of cigarette smoking, and they are quite informational, quite entertaining, and quite frustrating. But in order to warn consumers about the risks of cigarette smoking, we have mandated warning labels on the product and all advertising for that product—of which I am sure you are aware. But for the other two modifiable risk factors, which can both be improved by proper diet, we are not asking for mandatory, or your Department has not asked for mandatory warning labels on foods, but simply some information that will enable consumers to make informed choices about their diet and their health, which means we are talking to a lot of educated consumers.

Why is the Public Health Service so reluctant to require that this needed and necessary information be given to the consumer on the package?

Dr. MCGINNIS. Let me mention a couple of things in that regard. One, the issue of dietary risk factors is obviously a much different issue than that of tobacco-related risk factors. Cigarette smoking is hazardous in and of itself; there are no meritorious elements to it. Obviously, we all have to eat to survive, and the broad range of our food supply is indeed quite healthful for us.

So the issue becomes one of identifying the best way to provide information. The question we have before us, really, is what is the best strategy for us to achieve what in effect are triplet goals. One is increasing the awareness of the American public about the relationship between dietary habits and disease outcomes. Second is the increased ability of the consumer to make healthful choices. And third is the presentation through the marketplace of increased numbers of products.

We have no indication that the kind of labeling that is suggested, that is, labeling across all food products, will affect that kind of educational goal or increase the product availability. It is a question of strategy.

Senator HAWKINS. Well, in light of the comments you made on cholesterol education efforts, do you believe it is necessary for Congress to mandate a study specifically of the relationship between the cholesterol we eat and the cholesterol in the bloodstream?

Dr. McGINNIS. I do not believe that is necessary. I believe that we have growing scientific evidence, we have a wide variety of studies through our National Institutes of Health which are currently underway to address that issue.

Senator HAWKINS. Well, are you aware that that is a requirement in the farm bill?

Dr. McGINNIS. I am aware that a study of that sort was suggested.

Senator HAWKINS. The members of the Nutrition Subcommittee, which is under the jurisdiction of the Agriculture Committee, and the members of the full Agriculture Committee feel that that is necessary. Members of this committee, some of which serve on both committees, feel it is necessary, and also feel that it is rather frustrating to fight your own Public Health Service.

Dr. McGINNIS. Our feeling is that there is a clear relationship between dietary intake of total fat and the serum cholesterol levels.

Senator HAWKINS. Almost every public health agency, including those under the Public Health Service, keep repeating the same advice: to reduce chances of heart disease and some forms of cancer, you should cut down on high fat, high cholesterol, and high sodium. But how can the consumer make these dietary choices if the information that the FDA requires on the labels of processed foods does not include that necesary information; they just, in some instances, come out with a new box of the same cracker and put a big ad across the front, "Low Sodium." You read the label on the back, and it may or may not have as much as the previous product. It seems to me that the manufacturer is spending an awful lot of money on new products, which are labeled "Low Sodium," and which in many instances may have had the same ingredients as the old product on the shelf. All the manufacturer had to do was to label the original product for the consumer.

Dr. McGINNIS. The issue is not whether or not the consumer needs more information. That is clear. The consumer has to have information which allows him to make better choices. The issue is the best strategy involved. What is the way that we can choose that will best direct the consumer to choosing products which are lower in fat, with respect to cardiovascular disease?

Our feeling is that there are alternatives to approaching that issue than is currently stated in the proposed bill.

Dr. Miller.

Dr. MILLER. Perhaps I can clarify something there, Madam Chairman. Our regulation on sodium labeling to which you referred before, and Dr. McGinnis referred in his testimony, tries to take care of that problem of confusion about phrases like "Low Sodium" and so on, by defining them, by saying that you cannot call something "Low Sodium" if it exceeds a certain level of sodium in the product.

Also, having made a sodium claim, the processor is required to put the sodium information on the container. That is considered a claim, and that triggers sodium labeling as a mandatory requirement. So that in that case, I think the regulations which will be in force July 1 will take care of that particular problem.

We are working on similar regulations concerning fat and particularly cholesterol claims—people claiming that the product is

low cholesterol or moderaly low cholesterol or whatever words they want to use. We are working on a regulation which will define those terms, too, and bring some order into the marketplace so the consumer can be assured that if someone makes the claim, that those claims will have some meaning and not just be a figment of the merchandiser's imagination.

Dr. McGINNIS. Let me elaborate a little bit on that if I may, again. To reemphasize, we do not oppose changes in the label; we do not oppose improvements in the way labels deal with the issues of fat and cholesterol. On the contrary, as Dr. Miller mentioned, we are continually seeking these kinds of improvements. But we are frankly concerned about the label already. It now has 11 nutrient level statements; 12, as of July 1, with sodium. And this bill suggests seven more. What we are doing is rapidly moving to the point that we are providing a minitextbook on biochemistry on the label, and a college-level textbook at that. The question is how we can best get the information across to people.

Senator HAWKINS. Well, I think you are misjudging the consumer. Many consumers have more nutritional education than medical doctors. So, we cannot put down the consumer who may have made a specialty of studying health rather than a specialty of studying disease.

I have some more questions, which I will address later.

Senator Metzenbaum.

Senator METZENBAUM. As I understand it, Drs. McGinnis and Miller, you do not take issue with the goals of the legislation, but more with the method. You would advocate a voluntary approach. Is that correct?

Dr. McGINNIS. We are certainly in agreement with the goals. There is no question that we need to be able to provide the consumer with better information on which to base his choices and to provide incentives for increased product availability to the consumer.

Senator METZENBAUM. But you are saying you can do it on a voluntary basis?

Dr. McGINNIS. We think that the pattern that was used with the sodium initiative is a preferable pattern—moving initially to working voluntarily with industry, and trying to identify preferable ways of getting the message across to the consumer on the label.

Senator METZENBAUM. Go ahead, Dr. Miller.

Dr. MILLER. If I could explain that a little bit, I think the issue is that a judicious combination of voluntary effort and regulatory effort is the secret to this activity. That is, the problem with statute, if I might say, Senator Metzenbaum, is that it tends to fix in stone—I guess as much as anything you do—a particular approach to the problem. It specifies the kind of information, the way the information is supposed to be presented.

That means then that if any change in that needs to be made in the future, you have to come back to the Congress to change that, because it is in statute—it is not regulation—which we could initiate changes ourselves.

The problem with the whole label business is that as Dr. McGinnis pointed out, there are lots of things we now know should be on that label for the public—not only fat information or sodium infor-

mation. But we are moving rapidly to a point where information in fiber should be on the label, because that is looking like it might turn out to be an important dietary issue. But fiber also consists of several different subgroups, each of which have different health effects. So then we have a situation now where we add all of the information on fat, all of which is very reasonable, and the consumer should have it; we have information on protein, we have information on vitamins, we have information on minerals, and now we are going to add five or six components with fiber, and that is information overload. And we have data that shows us very clearly it simply confuses the public. And our problem is how best to get these messages across so they get the important point, and they can make their decisions themselves. It is not a question of looking down on the consumer—Lord knows, they are the ones who have been driving the Government for many years in this direction—but rather, how best to meet the needs for 240 million Americans.

Senator METZENBAUM. How long have you been with the Department, Dr. Miller?

Dr. MILLER. Since 1978—a year I will never forget.

Senator METZENBAUM. You were there when the FDA, along with the FTC, and the Ag Department, published a section entitled, "Food Labeling: Tentative Position of Agencies," and that document covered a great number of different issues regarding food labeling. I would like to concentrate on a few of these.

The FDA wrote:

> Human health depends on good eating habits. Effective food labeling can contribute to the nation's health by helping consumers choose foods with the appropriate caloric and nutrient values. Because advances in technology have created more processed and fabricated foods, and because the relationship of nutrition to certain diseases is becoming better understood, accurate and informative labeling about a product's nutrient content and its other characteristics has even greater public health significance now than in the past.

Would you agree with that statement?

Dr. MILLER. Yes, sir.

Senator METZENBAUM. Would you agree further when FDA continued in that statement and said:

> Innovations in food processing and packaging have made it increasingly difficult for consumers to judge a product's actual contents from its appearance, even for traditional foods. The agencies have therefore concluded that law or regulation must strengthen those policies that guard consumers' rights to know about the foods they eat. Acknowledging that food labels play a crucial role in providing the information consumers need to make intelligent choices about foods, and that labels provide a significant educational tool, however, does not mean that food labeling should be either the sole vehicle for educating the public about the basic nutrition, or the government's only tool for influencing the public's eating habits.

It goes on to talk about the fact that labeling is only a part of the system, but it does spell out specifically that,

> The responsibility for providing this kind of information and education does not rest with the regulatory agencies alone, for many institutions, public and private, must cooperate to provide the basis for informed choices about foods.

Now, you have been talking about this subject for about 6 years, and I gather you have jeen urging the industry to do something about sodium levels being indicated on the labels. Has it been effective?

Dr. MILLER. I think it has. I think it has for several reasons. I think, for example, as Dr. McGinnis has pointed out, that as of next July, that judicious combination of voluntary effort and regulatory effort will result in about 60 percent of the foods we regulate being so labeled. If you remember, the meats and poultry labeling is controlled by the Department of Agriculture, not by us.

And more important than that, I think in each of the food categories, virtually each of the food categories, certainly those that are important in terms of, let us say, sodium information, including snacks and potato chips and things like that, there is at least one and often more than one product which is sodium labeled, so people do have an opportunity for a choice in each of those areas.

Senator METZENBAUM. Well, if that is the case, how do you explain the fact that on February 18, 1985, USA Today, and I am sure it was in other papers as well, had an article saying, "The salt content of most processed food has not decreased significantly in the past year, despite urgings from the Food and Drug Administration that food processors cut sodium. In fact, the salt content has increased in 17 percent of the foods analyzed."

Apparently, your persuasiveness has not been too effective.

Dr. Miller, Well, I do not know the data on which that is based, Senator, but——

Senator METZENBAUM. Well, I will tell you the data—it is the sodium index, a comparison of the 1983 and 1984 sodium counts in 1,718 foods, indicating that 62 percent of the foods showed no change in sodium content; 21 percent had lower sodium levels, and 17 percent had higher sodium levels in 1984.

Dr. MILLER. Twenty-one percent showed lower sodium levels.

Senator METZENBAUM. Seventeen percent showed higher, and 62 percent, no change.

Dr. MILLER. And 21 percent were lower.

The other point is how many new products have appeared on the market that are specifically designed for the low-sodium market; that is the people who want reduced-sodium food.

There have been articles in the trade press concerning the fact that a substantial—this has been one of the big revolutions, if you will, in the merchandising business—has been the appearance of these low-sodium products on the market, in addition to which there are in many companies plans afoot to introduce new low-sodium products over time.

One of the problems in the business is that when you reduce the sodium content of foods, certain kinds of foods, much of the public does not like them. They have to be introduced slowly to this particular problem.

Nevertheless, you cannot tell over a relatively short time period the success of any program. You have to look at this over a long period of time, and if I just might finish the thought, to try to get a determination of what is the impact on the sodium intake of the American public which is, of course, the most important thing in the end.

Dr. MCGINNIS. But we do have some solid indicators of success, just to point out a few, specifically. One, Dr. Miller mentioned the increased numbers of products with low-sodium content. That is very important for the consumer.

No. 2, the Salt Institute reports that there has been a 17-percent reduction in over-the-counter sales of salt itself.

No. 3, the share of our hypertensive population whose hypertension is controlled has more than doubled in the last decade.

And No. 4, and most importantly, the share of stroke death in this country has dropped by about 50 percent.

That is a substantial and really quite impressive track record.

Senator METZENBAUM. Shouldn't we go further, then? Aren't you making the case out for why we need to provide more information?

Let me ask you, Dr. McGinnis—you are a smart fellow—these Keebler Club Crackers—tell me whether or not you think people should or should not eat them. It says it has "animal and/or vegetable shortening (lard and/or coconut oil and/or partially hydrogenated soybean oil)." Do you think that somebody who is concerned about their cholesterol should or should not use that product?

Dr. MCGINNIS. The issue is not——

Senator METZENBAUM. I am not asking about the issue. I am asking you to answer the question. Do not tell me what the issue is. I know the issue.

Dr. MCGINNIS. People who are seeking to lower their cholesterol should seek products which are lower in total fat and cholesterol. And this gives a good example of the kinds of incentives that we can offer to manufacturers to: (1) manufacture low-fat products; and (2) make available information when their products are low fat. I think the assumption has to be that if a manufacturer does not make that information available that their product is not a low-fat product.

Senator METZENBAUM. Well, when there is an "and/or" label on it, it is like gambler's choice. You take your chances. Heads up you win; tails, you lose. If it has lard, that is no good.

Dr. MCGINNIS. Well, the and/or issue is a little different issue, and I would like Dr. Miller to comment on the and/or issue. That is a little bit different focus.

Dr. MILLER. I think there are two points. One, all of the facts mentioned on there would be facts which someone who wanted to control their fat intake and cholesterol level would avoid, every one of them.

Senator METZENBAUM. Every one of them.

Dr. MILLER. Every one of them, and that has been mentioned.

Second, the and/or—the consumer knows that that product could contain something that they should avoid, and therefore, they should not eat that product at all, if that is what they are aiming at.

Senator METZENBAUM. Aren't you just making a case for the labeling, because with this, somebody might very well think that partially hydrogenated soybean oil is good; in fact, I thought it was good when I asked you the question. Partially hydrogenated soybean oil is not good to lower your cholesterol?

Dr. MILLER. But let us say, for example, the product was labeled with single-source fat and just said, "partially hydrogenated soybean oil," you would be no further ahead.

Senator METZENBAUM. What was that?

Dr. MILLER. If it just said "partially hydrogenated soybean oil," as the only source of fat in there, you still would not understand

what that meant, but it is a perfectly accurate—you might not particularly understand that, but it is a perfectly accurate statement as to what the nature of the oil is.

Senator METZENBAUM. But isn't that exactly the point this bill makes, and that is you have to indicate what that does mean in milligrams per serving? Isn't that exactly the reason why——

Dr. MCGINNIS. No, that is a key issue. There are two fundamental points here that I think we need to focus on. One is educational theory and the other is, in many respects, educational philosophy. One of the questions that we have to consider is whether or not providing milligrams or percentages or whatever for various components is the best way to get the message across to consumers, and what is the best way to provide incentives for additional products.

We feel that there are alternatives that ought to be considered that can be more effective in providing that kind of information.

Second——

Senator METZENBAUM. Tell me what they are.

Dr. MCGINNIS. Well, let me just complete my second——

Senator METZENBAUM. You told me there are alternatives; now tell me what they are.

Dr. MCGINNIS. Well, using the sodium model is an example; the notion of providing relative indicators of the relative content of fat, as opposed to absolute numbers.

For example, to give you an example of the problems that consumers face when confronting a barrage of absolute numbers on these kinds of labels, we did a study to assess what kinds of choices people could make when presented with information about total fat content on a label. They were fairly consistent in their ability to choose the lower fat product when presented with a fairly simple, straightforward number. On the other hand, when you add information about the fatty acid content in addition to all of that, their error rate increased substantially.

So there is a very critical issue about how you provide that information to consumers. The issue is not just—consumers do not want more information, they want better information. And so the question is how we provide that information better.

Senator METZENBAUM. But what is your answer as to how do we do it? How do we do it? And/or labeling does not do it.

Dr. MCGINNIS. I would like to ask Dr. Miller to elaborate on that, but let me get the one other point in, the one on educational philosophy, and that is that we have to remember that providing this kind of requirement in statute presents a very cumbersome format, and indeed, it flies in the face of educational tradition in this country throughout our recorded history. We need to have an educational process which is dynamic and responsive, not built into the Federal statute.

Senator METZENBAUM. But education cannot work unless you have the facts. And what I am trying to do——

Dr. MCGINNIS. Absolutely.

Senator METZENBAUM [continuing]. And if you do not like the way we say it in our bill, come forward and tell us, and we will be glad to accommodate you. What we want is, to paraphrase that tel-

evision program of some years ago—maybe before you were born—"just the facts." Just the facts.

Here is another one, Jiffy Corn Muffin Mix. "Contains one or more of partially hydrogenated soybean oil, cottonseed oil, lard or tallow; and tallow or lard."

I do not have the slightest idea what that means, nor do I understand why lard or tallow is different from tallow or lard. And I have to say to you that I do look at labels, and I am more confused every time I look at them. Every time they have an and/or labeling—which you people put into effect; you put it into effect; you did not have to—the industry came to you, and you changed it. It used to be where you could not use and/or labeling. You did it. And now you are coming before us, and we are trying to get you to tell us how the consumer can learn what is in the products that he or she is ingesting. And you are not giving us a tinker's damn help; all you are doing is telling us what the problems are. And we think Government is supposed to be made to work, not just to frustrate the right of people to know what they are eating. And you are not helping us.

Dr. MILLER. I agree with you, sir, and I think the problem is that the more information you stick on the label, just as information, milligrams or whatever, without considering how it fits together the way the consumer looks at it, the more confused the consumer becomes, and the less information they get.

Senator METZENBAUM. What information should we give the consumer, Dr. Miller? Tell us how to do it; what is your way?

Dr. MILLER. The fact is, we do not disagree on what information to give them; what we disagree on is how to give it to them.

Senator METZENBAUM. OK. How do we do it?

Dr. MILLER. You asked for an example before. You wanted to know what alternative ways there are of presenting information. Perhaps in the form of a graphic. A graphic may be better understood than numbers—or some combination of numbers and graphics, or some combination of numbers, graphics, and descriptive phrases. We do not know this. This is what we need to find out. And that is what we have been trying to find out for the last 6 years.

Now, that is different, I would submit, than the either/or question you have raised. There are two separate issue here. One is the issue of ingredient labeling, and the other is the question of nutritional labeling, how much information in terms of milligrams and so on you need to put on the label. And I do not disagree at all with the premise that the kind of information you have described in the bill, or lots of other information which you have not included in your bill, for that matter, should be somehow or other given to the consumer at what I like to call the moment of truth—when they pick up the product on the shelf and decide when to buy it.

The question is how best to provide it to them in such a way that it is understandable and not confusing.

Senator METZENBAUM. Dr. Miller, if the label said, "Fat, total, 10 grams; fat, saturated, 6 grams; fat, polyunsaturated, 3 grams; fat, mono-unsaturated, 1 gram," we would know that 60 percent of the fat is saturated, wouldn't we? Wouldn't that be a little help?

Dr. MILLER. Sure. But I will tell you, we did a study in one of our multiphase nutrition consumer surveys, as Dr. McGinnis was referring to, in which we asked consumers to select between two products, in essence, one of which contained more fat than the other, and said, pick which one has the higher fat. And most of the consumers did this successfully. But when we added information, just as you said, the milligrams of fatty acids under this, 50 percent of those who had previously been able to indicate which had higher fat were unable to.

Senator METZENBAUM. Dr. Miller, let me tell you. If there is anything that frustrates me in Government, it is we did a study or we are going to do a study. The Government takes so long to act. For 6 years, you have been talking about this subject; I read you what the FDA said 6 years ago. And you are now telling me, we are going to do something next year—actually, I think there was a postponement of the effective date of that matter with respect to sodium content of a year. The Government moves too slowly. People are dying meanwhile. And all Senator Hawkins is saying to you is if you do not like what is in our bill, tell us what should be in our bill; we will be glad to cooperate with you—and we say that not only to you, but to the industry. And all you tell us is, we are working on it. We are studying it. The next thing I know, you will appoint a committee or a commission to study it. We want some action. And that, I think, is the issue that is before us, and that is what so frustrating. Because 6 years ago, you said that the labels ought to have the information on it, and now you are saying maybe it is graphics, maybe it is this, maybe it is that.

Well, I would say to you—it was just pointed out to me that Dr. Forbes was in our meeting when we discussed this—we are willing to work with you to say it right if we are not saying it right. But we cannot get you, supposedly speaking for the people of this country, because you are part of Government, we cannot get the industry to come forward with anything positive, except, we are working on it, manana.

I just say to you, it is indeed a disappointment.

Madam Chairman, I think I have taken enough time.

Senator HAWKINS. No. To follow up on what the Senator said, there are a lot of committees in the Senate that have reduced the number of, studies being allowed. And I see small clips on the news where some grocery manufacturers have a robot wandering around the grocery store, answering questions and pointing to different products, telling how much fat, how much protein, how much cholesterol, in response to customers' inquiries, to know what it is they are buying. That might even be a role of the marketplace to provide that. But in the absence of a robot wandering around my grocery store at 4 a.m. in the morning to give me that information, I think we need to just be able to do it simply and to do it not and/or at all.

A doctor recently told my husband to limit his salt intake to x number of teaspoons of salt per day, and then translated that requirement into milligrams. Is that your understanding as doctors?

Dr. MCGINNIS. Yes.

Senator HAWKINS. And you have to have a slide rule or a Japanese computer to go to the grocery store and add up whatever it

is—in this particular case, we are looking for sugar and salt—and the product label does not specify the amount of salt within the product. It just says it has salt in it. So in this instance my husband would avoid buying this product.

Well, I think you have made a good case for some of the problems in expressing labeling in milligram terms, as opposed to some other alternative.

I want to emphasize the fact that we are not waiting until tomorrow to take action. We are taking action now, with respect to reaching out with a very aggressive public education effort. We are reaching out to assess ways in which we can work with the label to augment that effort. And we have to be very careful when we start talking about statutorily creating texts that will go on labels that will be very difficult to change, and may be counterproductive for the decisions of the American public.

Dr. MILLER. In terms of action which we are taking now, I might point out to you that we do have a program which we have tested in the Giant supermarket chain here in Washington, in which we are using shelf labeling that are in fact low in fat or low in sodium, and so on, so that the consumer is drawn to those products. And these products are not segregated; they are kept on the regular shelves.

That is now being extended to the Stop-and-Shop chain in New England, and hopefully, this will become a nationwide program, because again——

Senator HAWKINS. The people live in Florida.

Dr. MILLER. All over the country. I do not know if——

Senator HAWKINS. 11½ million of them live in Florida.

Dr. MILLER. Well, that would actually be a very good location to try this in, considering the nature of the population.

Senator HAWKINS. Surely. Everybody there is reading labels, because it is very important to their health.

Dr. MILLER. That is another problem. The more information we put on these labels, the harder it is for people to read them.

Senator HAWKINS. Let me tell you something. I am trying to get all of you doctors to read out of the same handbook. You know, you are the regulators; and the next panel is going to be doctors who give information and try to cure and try to get contributions, and you are talking to the Senators on this side to try to give money to cure these diseases and to make us more healthy. You have been very successful in extending our lives 10 extra years, so that we can live to be 82, instead of 72. But I want to tell you, in order to do that, we want them to be healthy years, and every pound of prevention is fantastically cost effective.

And I think when you started labeling, you increased people's inquisitiveness into looking at calories, and asking what is a calorie; what does it do? About the time we got people to look for calories, we decided we may not do that, nobody had to do that anymore.

But I just want to be sure that the regulators and the physicians are both talking about the same things.

I have some questions I was going to ask the doctors panel, and I am going to ask you, too.

When you look at a milk carton that advertises 2 percent milk, is that 2 percent by percentage of fat?

Dr. McGINNIS. Let me ask Dr. Forbes to address that.

Dr. FORBES. Madam Chairman, that is 2 percent by weight.

Senator HAWKINS. So to be low fat, what percentage of calories should be derived from fat?

Dr. FORBES. Although we have not by regulation defined what low fat per se means, we have used in a number of studies at supermarket levels a definition of low fat which means less than 2 grams of fat per serving—in other words, a very small amount of fat indeed.

Senator HAWKINS. So a product that advertises that it is 95 percent fat free is in compliance with FDA regulations, because it is less than 5 percent fat by weight?

Dr. FORBES. No; it depends on the serving size.

Senator HAWKINS. On the what?

Dr. FORBES. The serving size—how much of it you actually consume. In other words, if you consume 20 grams of something that contains 2 grams of fat in that 20 grams, the food is low fat and the amount of fat consumed is small from that food.

Senator HAWKINS. Who determines the serving size?

Dr. FORBES. Serving sizes are simply determined by the customary practices of the population, as then measured for many, many years by various surveys, mostly by the Department of Agriculture. Then these are converted and stated very clearly in all nutrition labeling. Every nutrition label says precisely what all of the nutrients are expressed in terms of a specified serving size. It will say 1 tablespoonful, or a cupful, or 2 ounces, or whatever the serving size is.

Senator HAWKINS. Determined by the consumer?

Dr. FORBES. No; it is on the label, on the nutrition label. And they are customary serving sizes. Interestingly enough, over the 13 years of nutrition labeling, we have had very little trouble with the serving sizes used.

Senator HAWKINS. Well, to be in compliance with FDA regulations, if a product wants to claim that it is low calorie, doesn't it have to show that it is less than 40 calories per serving?

Dr. FORBES. Yes.

Senator HAWKINS. But does the FDA determine the serving size?

Dr. FORBES. The FDA does not specifically determine the serving size. What we do is track the serving sizes with considerable precision every year, to make sure that there aren't odd, bizarre things happening out there.

The simple fact of the matter is the industry has been singularly consistent in utilizing serving sizes which are realistic.

Senator HAWKINS. Well, I remember when the serving size of bread was two slices in the beginning of low calorie. But now food producers have reduced the serving size to one slice of bread, which misleads the public into thinking there are less calories in the bread than there really are. And I do not know many people that use one piece of bread to make a sandwich.

Dr. FORBES. We are examining that problem right this minute.

Senator HAWKINS. You are examining that?

Dr. FORBES. Yes.

Senator HAWKINS. Is that a study? [Laughter.]

Dr. FORBES. I suppose you could call it a study. It tends to be more investigative in nature.

Senator HAWKINS. And these are again questions I was going to ask the other panel. I just want to make sure we are both talking about the same thing.

How much salt does the averge American consume?

Dr. FORBES. The average consumption in the United States is not the simplest thing to nail down, but a gross approximation is between 5,000 and 7,000 milligrams per day.

Senator HAWKINS. Which is how many teaspoons a day?

Dr. FORBES. There are 5 grams, or 5,000 milligrams in a teaspoon, and if it were all salt, 40 percent of that would be sodium, that is, 2,000 milligrams of sodium. Hence, 5,000 to 7,000 milligrams of salt would be 2½ to 3½ teaspoons per day.

Senator HAWKINS. And how much does the FDA think we need?

Dr. FORBES. We accept the advice and counsel of the National Academy of Sciences—I certainly do, as a physician, myself. Their safe and adequate range is 1,100 to 3,300 milligrams per day for the average adult.

Senator HAWKINS. And how many teaspoons is that?

Dr. FORBES. That is about two, in total.

Senator HAWKINS. Two teaspoons per day?

Dr. FORBES. Yes. In fact, it is less than that. It is more like 1.1, 1.2, somewhere around there.

Senator HAWKINS. One and a half, I think.

Dr. FORBES. Yes—it is a very small amount, when you come right down to it. We are grossly excessive consumers of sodium and salt.

Senator HAWKINS. And do you have any studies over there, or are you going to do any studies, that show how much of our salt intake is based on consumers adding it themselves versus how much is hidden in the product?

Dr. FORBES. That is not the simplest thing to answer. Are we going to do it in FDA? Not per se. Salt consumption at the table is an inexact problem to measure, and is done by the Department of Agriculture and by the National Center for Health Statistics, in large-scale surveys that are done approximately once a decade.

Senator HAWKINS. So you do one portion of it, and we have another agency up here on the Hill that does another portion, and there is probably someplace else that does another portion of it. Do you all ever get together?

Dr. FORBES. Indeed, we do. We certainly do that.

Senator HAWKINS. Is that another commission?

Dr. FORBES. I beg your pardon?

Senator HAWKINS. Is that a commission or a task force, or what is it called when you all get together?

Dr. FORBES. There are at least four or five different committee structures that bring those three bodies of people together, both as it pertains to research and as it pertains to surveillance, or the National Nutrition Monitoring System, of which all three of the agencies are intimately involved, plus the Center for Disease Control in Atlanta. There is very intense coordination that goes on all the time—concerning all of these problems that are before us today.

Senator HAWKINS. I think we have hit on some pay dirt.

Senator Metzenbaum has some additional questions, and then you will be excused.

Senator METZENBAUM. Dr. Miller, you were with the agency and came with them in 1978, and this report I have talked about in 1979 said, "FDA will seek or support legislation to amend the Food, Drug and Cosmetic Act to require that mandatory ingredients in standardized foods be declared on product labels."

It was good in 1979. Why isn't it good in 1985?

Dr. MILLER. Well, I think in that case, the issue, as you pointed out, was applied to standardized foods, and we still agree with that.

Senator METZENBAUM. You still agree that there ought to be mandatory labeling?

Dr. MILLER. That all foods ought to be labeled, yes.

Senator METZENBAUM. Pardon me?

Dr. MILLER. All foods ought to be labeled. The direction we took, we thought, was a more efficient way than attempting either to get regulations totally amending the standards, which are very complex to change, in that way, or in terms of statute, was to increase the numbers of substances which are considered to be optional in standardized foods.

Senator METZENBAUM. You are saying to me you agree. This says, "Support legislation * * * require mandatory ingredients in standardized foods be declared on product labels." You support that?

Dr. MILLER. Yes.

Senator METZENBAUM. Isn't that in our bill?

Dr. MILLER. No.

Senator METZENBAUM. OK. They also said:

> Amend current regulations to require that foods containing 10 percent or more total fat on a dry weight basis declare on their labels the specific source of the fat or oil, in other words, corn oil or palm oil.

Have you done that?

Dr. MILLER. No, we have not done that.

Senator METZENBAUM. And how does our bill differ from what FDA called for in 1979?

Dr. MILLER. It does not. It is basically the same approach. But since that time, we have looked at the situation several times, concluded since then that we are accomplishing the same purpose, we believed. The consumer was still being informed that irrespective of anything else, there could be a substantial economic impact on those parts of the industry that are now using either/or labeling.

Senator METZENBAUM. You just said the answer, I think. You changed your position because of the economic impact, not because it was not right. Isn't that the case?

Dr. MILLER. No, that is not true.

Senator METZENBAUM. Well, then, why aren't you here today supporting this?

Dr. MILLER. Because our position changed because we looked at the situation in terms of both what would it deliver to the consumer, how much additional benefit would it provide for the consumer, versus what it was going to cost the industry and the possibility of increased cost to the consumer himself.

Senator METZENBAUM. And when did you make that change—1981?

Dr. MILLER. No, sir. Actually, that problem was looked at even back in 1979 and 1980 as we went through——

Senator METZENBAUM. Well, wait a minute. How can you say you looked at it in December 1979, when this report is dated December 21, 1979, and they call for mandatory labeling.

Dr. MILLER. If you remember, sir, that was put out as a proposal, a document for which we wanted their comments back on on which we held hearings around the country, as a matter of fact.

Senator METZENBAUM. I understand all that. But that was put out as a statement of the FDA position.

Dr. MILLER. And I would still simply repeat that I agree with you that it was decided that there was less reason to deal with that than with some other issues, and that the economic impact of that wes large enough so that we felt there was not enough benefit for making the change.

Senator METZENBAUM. How much economic impact?

Senator HAWKINS. On whom?

Dr. MCGINNIS. Let me——

Senator METZENBAUM. No. Let him answer. Just a minute. I will get to you in a minute.

Dr. MILLER. I do not remember the exact numbers, but I can provide you——

Senator METZENBAUM. Billions of dollars?

Dr. MILLER [continuing]. Millions of dollars—and I can provide you with the study that showed us that. In fact, I think you may have a copy of it.

Senator METZENBAUM. No, I do not have a copy of that. I do have a copy of the volume this industry does. I know that General Foods does $8.6 billion; Beatrice does $7.3 billion; Dart and Kraft, $6.6 billion; IBP, $6.5 billion; Coca Cola, $5.6 billion, and so forth.

Now, what I am saying is what was the total cost—what was the total cost as compared to $8 billion in medical costs by reason of cancer and heart disease in this country? What was the total cost to the consumer or to the industry that caused you to change, or did you change for political reasons, or were they economic reasons?

Dr. MCGINNIS. Let me just point out that the economic issue here is a total red herring——

Senator METZENBAUM. I did not bring it up. He brought it up.

Dr. MCGINNIS. It is a fundamentally educational issue. The reason that the positions have changed is based on the experience, first, of our success in getting industry to voluntarily begin to label with respect to the sodium initiative, and to also offer additional products through the voluntary cooperative effort, and second, in terms of our increased understanding of what the capabilities of the label are to transfer information to consumers, and where the pitfalls lie in providing information to consumers through labels.

Senator METZENBAUM. When did the change occur, Dr. McGinnis, in the FDA position? Dr. Miller does not recollect. Do you recollect? What was the dollar amount, the economic impact that you were worried about?

Dr. MCGINNIS. I have never personally engaged in any discussion at all relating to dollars. The only issues that I have ever discussed related to labels are concerning the educational capabilities of the labels and the best way to get the information across to the consumer, which is what we are about.

Senator HAWKINS. Well, I have a statement that is dated this past July. It says, "The FDA is proposing this extension to minimize economic burdens on certain manufacturers through loss of label inventories and to avoid expenditures of considerable agency resources."

That was July 1985.

Dr. MCGINNIS. That relates, I believe--and Sandy, I would like you to elaborate—to the extension on the sodium issue, which was a decision taken on standard agency policy with respect to existing pools of labels.

Senator HAWKINS. I would like to get your opinion, Dr. McGinnis, as to the best educational material we can give to the ultimate consumer of, for example, a cracker. Let's say he is going to buy a cracker. He has just been told to limit his salt intake to one teaspoon a day. Where does he find that on this package, when it just says, "Sugar, salt, corn syrup," or whatever?

Now, if we are all here to cut costs and to minimize the cost—then shouldn't we all agree that when we relabel it should be No. 1, in quantities that the consumer understands, No. 2, in quantities the consumer is able to measure, and No. 3, in medical instructions the comsumer is able to follow.

Dr. MCGINNIS. Well, let me make a comment on that. One, I do not think that necessarily the best way to provide information to the consumer is through quantities per se. I think you are right that what we are all about is trying to provide the information in an effective way.

The best service we can provide to the consumer in my view, is, one, to avoid carving in statutory stone label language, because we need to have a flexible approach as we learn more about nutrition and science; two, to provide incentives to bring forth additional products with lower salt, lower fat variety, and three, to provide that information on the label in a way which is best able to be received by the consumer and allows the consumer to make educated decisions across a variety of nutritional issues.

Dr. FORBES. May I just ask, Senator Hawkins, does the package you are referring to bear nutrition labeling?

Senator HAWKINS. No, just ingredients.

Dr. FORBES. Well, then, that solves the matter.

Senator HAWKINS. So he cannot buy this cracker.

Dr. FORBES. That is right, that is exactly right.

Senator HAWKINS. It is off limits.

But our ultimate goal in this Health Subcommittee is to lower the cost of being sick, therefore, promoting health. If physicians are giving extremely finite information and instructions to the public on what to partake of on a daily basis, then it seems we could all get around the table, and the physicians who are giving the instructions would tell the regulators what it is they are going to demand their patients do, and in turn the manufacturers would comply. If they do not, then we will have more hearings like this.

At this juncture, we are going to go vote. The panel is excused. The committee stands in recess.

[Short recess.]

Senator HAWKINS. Our next panel will consist of Dr. Virgil Brown, Dr. Robert Hutter, and Ms. Ellen Haas.

Dr. Brown, we will ask you to go first.

STATEMENT OF DR. VIRGIL BROWN, CHAIRMAN, NUTRITION COMMITTEE, AMERICAN HEART ASSOCIATION, AND PROFESSOR OF MEDICINE, MOUNT SINAI SCHOOL OF MEDICINE, NEW YORK, NY; DR. ROBERT V.P. HUTTER, IMMEDIATE PAST PRESIDENT, AMERICAN CANCER SOCIETY, AND ELLEN HAAS, EXECUTIVE DIRECTOR, PUBLIC VOICE FOR FOOD AND HEALTH POLICY, WASHINGTON, DC

Dr. BROWN. Thank you very much, Senator Hawkins, for allowing me to come here this morning and represent the American Heart Association.

I am a professor of medicine at Mount Sinai School of Medicine, and I am involved in research, but I also take care of patients who have problems that are very relevant to this bill.

Currently, I serve as chairman of the association's nutrition committee. The American Heart Association, as you know, is a voluntary health organization with over 120,000 members and 2 million volunteers nationwide.

One of the issues the association deals with and has for many years on a continuous basis is the association of the American diet with the genesis of atherosclerosis, the major underlying factor in the develoment of heart disease.

I have been given permission to show a videotape this morning that explains some of the relationships as we currently understand them between fat in the blood, fat in the diet, and in blood vessel problems.

[Text of videotape:]

The human heart—it beats more than 100,000 times each day, pumping blood throughout the body, blood that provides oxygen and nutrients to the body's organs.

The blood flows through tubes or vessels called arteries. These arteries can range from an inch in diameter to miniscule tubes that can only be seen by a microscope.

The arteries also supply blood to the heart's muscles for the pumping action. These arteries are called coronary arteries because they surround the heart like a crown. If the flow of blood in a coronary artery is severely obstructed, a part of the heart muscle is deprived of the blood and nutrients needed for the pumping action. The result could be a heart attack.

But an obstruction does not occur suddenly. It is a slow, usually painless process that takes many years to form. That process is called atherosclerosis, or hardening of the arteries.

The cholesterol that accumulates in the arteries is carried there by the blood, in complex molecular substances called lipoproteins. This scene shows the size of these molecules relative to single blood cells.

"Lipo" means "fat," so these are combinations of fat and protein. As shown in this cross-section, a lipoprotein that contains a large amount of fat and a small amount of protein is called a "low-density lipoprotein" or "LDL." Large amounts of this LDL cholesterol in the blood have been shown to be a major risk factor for coronary heart disease.

Another type of lipoprotein has a small amount of fat and a large amount of protein. These are called "high-density lipoproteins" or "HDL." It is thought that HDL helps to reduce cholesterol in the blood. Because of this, scientists think high levels of HDL may reduce risk.

The atherosclerotic process begins in childhood. Approximately in the third decade of life, lesions or plaque begin to develop in the artery wall. This thickening or hardening of the arterial wall is characterized by accumulations of cholesterol, other blood fats, and debris. Eventually, these accumulations can completely shut off the blood flow in the arteries. Usually, the final stoppage results from a blood clot that forms locally in the damaged artery. This shuts off the blood flow to the heart muscle, resulting in the death of the muscle, which is called a heart attack.

The average American diet is made up of about 43 percent fat, 14 percent protein, and the rest carbohydrates. The average daily dietary intake of cholesterol is between 450 and 500 milligrams. The American Heart Association diet recommends reducing your fat intake to 30 percent; no more than 10 percent of fat should be saturated fats. These are found primarily in food from land animals, palm and coconut oil, and hydrogenated vegetable oil. No more than 10 percent should come from polyunsaturated fats, which come from vegetable oils such as corn or cottonseed oil. The rest will come from monounsaturated fats, such as those found in olive or peanut oil.

The average daily intake of cholesterol should be less than 300 milligrams. Your menu might look something like this: four to six ounces of lean meat, fish or poultry; two eight-ounce glasses of skim milk, or one large egg yolk, which contains almost a day's allowance of cholesterol.

By following a lowfat, low cholesterol diet, you can slow and perhaps even prevent these plaques from forming. You can also lose weight because of the lower fat content of the diet.

[End of videotape.]

Dr. BROWN. Now, for years, animal and epidemiologic studies have given very strong evidence for the causative effect of diet in producing heart disease. We now have the results of several clinical trials which tested whether dietary alteration would change coronary heart disease risk. They address the question of whether lowering plasma cholesterol by dietary means can reduce the risk of heart disease.

Although all of these trials have had some problems in experimental design or for other reasons, they were uniform in reporting a favorable trend toward decreased coronary heart disease with cholesterol-lowering diets.

From both animal and human studies, however, there are two well-established facts: Dietary saturated fats and cholesterol directly raise the plasma total and LDL cholesterol which contribute directly to atherosclerosis and coronary heart disease.

Now, while these two facts may not prove absolutely the direct link between diet and coronary heart disease, the existence of such a link seems inescapable. Thus, the combined data implicating the U.S. diet for the high incidence of coronary heart disease in our society has very strong implications for the dietary habits of most Americans.

Most coronary events occur in people with plasma cholesterol levels over 200 milligrams per deciliter. It is particularly in these people that we should encourage adherence to the American Heart Association eating plan.

There are many patients who have genetic disease which produce hypercholesterolemia. The primary treatment is dietary modification, an extension of that recommended for the general public by the AHA—namely, a progressive decrease in the intake of total fat, saturated fat, and cholesterol.

As an aside, and as with cigarettes, it is not essential that we consume any saturated fats or cholesterol.

With increasing quantities of prepared and processed foods in the marketplace, the American Heart Association agrees that food la-

beling is of great importance and that labeling should include the total fat, the type of fat, that is saturated, monounsaturated, and polyunsatutated, the cholesterol content and the content of calories.

Labeling of individual foods is also important because it is only through a combination of individual food choices that one creates an oveiall dietary pattern. Without the necessary information on the product itself, individuals cannot at the present time choose foods to create this healthful diet.

The proposed labeling regulations will be useful to the consumer in selecting between brands of a particular food item. This will undoubtedly encourage food manufacturers to provide consumers with more low fat, low cholesterol foods.

Some manufacturers are already providing the information that would be required in the Senate bill proposed. But there must be uniformity of labeling if consumers are going to be able to regulate their dietary habits.

The Heart Association further agrees that products should be labeled with the amounts of sodium and potassium they contain.

Hypertension is often referred to as "the silent killer" because its victims feel no discomfort until it is too late. Hypertension is significantly associated with the increased risk of cardiovascular diseases, stroke, coronary heart disease, peripheral vascular disease, chronic renal failure—kidney disease—and congestive heart failure.

Approximately 60 million persons in the United States either have been found to have elevated blood pressure, by that, we mean a blood pressure of 140 systolic over 90 diastolic or greater, or have reported being told by their physician that they have high blood pressure.

The causes of essential hypertension are many. An individual's blood pressure is influenced by genetic and environmental factors. While genetic factors cannot be changed, they control our response to environmental factors, and environmental factors can be changed.

The use of pharmacological agents has allowed remarkable progress in the treatment of high blood pressure. But during the past 5 years, significant evidence has accumulated concerning the effectiveness of nonpharmacologic treatments for hypertension, especially through maintenance of reasonable diet and moderate dietary restriction of sodium.

According to the Food and Nutrition Board, the estimated safe and adequate daily dietary intake of sodium is 1,100 to 3,300 milligrams. Now, that is 2.8 to 8.4 grams of table salt, for example. This is the allowance for healthy adults. This is a generous allowance, for we only need approximately 200 milligrams each day, or the equivalent of about a half-gram of salt.

Whereas, it is estimated that Americans consume the equivalent of 10 or more grams of salt daily, it is estimated that the voluntary addition of sodium to foods accounts for less than half of this total intake. An even smaller proportion occurs naturally in foods. Over half of sodium intake is added commercially in food processing and preparation. Without appropriate labeling, it is impossible for the

consumer to know how much sodium he is receiving from these sources.

Although absolute proof of a cause and effect relationship between sodium intake and elevated blood pressure is lacking, evidence of an association has accumulated from epidemiologic studies, animal experiments, and clinical trials.

Now, in individuals with established high blood pressure, and particularly those who have heart failure or kidney damage, restriction of dietary sodium usually is an important part of their treatment. This can minimize the need for drugs such as diuretics and thereby can help reduce potassium loss.

Sodium restriction also plays an essential role in the treatment of the many persons who have kidney disease as a separate entity in our country.

The physician can write a very detailed dietary prescription, and a nutritionist can spend hours training and educating, but it then becomes very difficult for the patient to apply this knowledge. Thus, information on sodium content of food is essential for planning and implementing modified diets.

Furthermore, as I am sure this committee is aware, the Public Health Service issued the Implementation Plans for Attaining Objectives for the Nation/Promoting Health/Preventing Disease, which set out specific objectives to be attained by 1990 on health promotion activities, including nutrition. Although many of the objectives are interrelated, I wish to note three of these as they were stated.

First, by 1990 the proportion of adults aged 18 to 74 with mean serum cholesterols above 230 milligrams per deciliter should be reduced by at least 50 percent.

Second, by 1990 the average daily sodium ingestion by adults should be reduced at least to the 3- to 6-gram range.

And by 1990 the labels of all packaged foods should contain useful and nutrient information to enable consumers to select diets that promote and protect good health. Similar information should be displayed where nonpackaged foods are obtained or purchased.

The programs of the American Heart Association will strongly support the Public Health Service in achieving these goals. If, however, we are going to be successful in carrying out an effective public nutrition education campaign, both in the Federal and private sectors, we must have the right tools.

It is for this reason that the American Heart Association strongly supports the appropriate labeling of foods, and we believe enactment of S. 1699 will be of great service to the American public, and particularly to those many patients with heart and kidney diseases and those of us who are trying to prevent them.

Combined with education of consumers, and reading and understanding the food labels, individuals will be much better able to regulate daily fat, cholesterol, and sodium intake and at the same time be able to select a variety of foods for a nutritionally adequate diet.

The American Heart Association pledges its assistance to work with others in both the Federal and private sectors to develop programs to educate consumers on how to read and use the labeling information.

The Heart Association strongly supports the Nutritional Information Labeling Act introduced by Senators Metzenbaum and Hawkins and hopes that this committee will act expeditiously toward its enactment.

Thank you very much, Senator.

Senator HAWKINS. Thank you, Dr. Brown.

[The prepared statement of Dr. Brown follows:]

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ON BEHALF OF

THE AMERICAN HEART ASSOCIATION

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

U.S. SENATE

OCTOBER 10, 1985

WE'RE FIGHTING FOR
YOUR LIFE

I am Dr. Virgil Brown, Professor of Medicine at Mt. Sinai School of Medicine in New York City. Today I am here representing the American Heart Association where I serve as Chairman of the Association's Nutrition Committee. The American Heart Association is, as you know, a voluntary health organization with over 120,000 members and over two million volunteers nationwide.

The mission of the Association is to reduce premature mortality and morbidity from heart disease and stroke. Cardiovascular disease, as this Committee knows all too well, continues to be this Nation's number one killer, accounting for close to one million deaths each year.

One of the issues the Association deals with on a continuous basis is the association of the American diet with the genesis of atherosclerosis, a major underlying factor in the development of heart disease.

Over 25 years ago the American Heart Association began to advise physicians and the public about the merits of a low-fat, low-cholesterol diet, as a means of reducing the risk of coronary heart diseases (CHD). AHA also advocated that a moderate sodium intake would control hypertension in many individuals. Since these recommendations, published first in 1961, new data pertaining to possible relationships between diet and CHD are continuously reviewed by AHA's Nutrition Committee. The AHA dietary statement has been revised four times, but the recommendations remain essentially the same. They are as follows:

(1) Caloric intake to maintain ideal weight.

(2) Total fat intake limited to 30% of total calories - no more than 10% saturated fat (such as animal fat and coconut products), up to 10% polyunsaturated (vegetable fats), 10% monounsaturated fat.

(3) Dietary cholesterol to be no more than 300 mgs per day.

(4) Carbohydrates (45-55% of total calories) to be selected primarily from complex carbohydrates.

(5) Reduced sodium intake.

Evidence of several kinds strongly supports the concept that the composition and quantity of dietary constituents can influence the incidence of atherosclerosis, and thus can affect risk for coronary heart disease (CHD).

Many experimental studies have shown that diet can induce atherosclerosis in animals. Epidemiologic surveys and intervention trials have demonstrated the influence of diet on CHD as well. The epidemiological studies encompass large numbers of subjects and the population in these studies usually has maintained a constant dietary pattern for many years. They consistently show that the mortality rate from CHD is highest in those populations who consume a large amount of saturated fat and dietary cholesterol.

Within the last 20 years there have been several clinical trials to test whether dietary alteration would change CHD risk. They address the question of whether lowering plasma cholesterol by dietary means can reduce risk of CHD. Although all of these trials had some problems in experimental design, they were uniform in reporting a favorable trend toward decreased CHD with cholesterol lowering diets. From both animal and

human studies, however, there are two well-established facts: dietary saturated fats and cholesterol directly raise the plasma total and LDL-cholesterol which contribute directly to atherosclerosis and CHD. While these two facts may not prove a direct link between diet and CHD, the existence of such a link seems inescapable. Thus the combined data implicating the U.S. diet for the high incidence of CHD in our society has very strong implications to the dietary habits of most Americans.

Plasma cholesterol concentrations exceed 200 mg/dl in over 50% of middle-aged Americans. The people constitute a group from which most excess coronary events occur. We believe it is these individuals, in particular, who should be encouraged to adhere to the AHA eating plan as previously described.

In addition, for patients with established hypercholesterolemia, the primary treatment is dietary modification, an extension of that recommended for the general public, namely a progressive decrease in the intake of total fat, saturated fat, and cholesterol.

The AHA believes that the recommended foods should be readily available in both grocery stores and restaurants. Labeling of foods is strongly advocated so that the public can more easily choose food of the desired composition. Many people desire to alter their eating habits but have insufficient knowledge of the composition of the food to help them accomplish the change.

With increasing quantities of prepared and processed foods in the marketplace, the AHA agrees that food labeling is of great importance and that labeling should include the specific common or usual name of each fat or oil, the total fat, type of fat (saturated, monounsaturated, and polyunsaturated), cholesterol and caloric content in relation to a well-defined serving measurement (not only per gram or ounce without stipulating the amount of grams or ounces per serving).

It may be helpful to note that a relatively small number of foods contribute a major proportion of the cholesterol and saturated fat in the American diet. For example, AHA recommends the reduction of dietary cholesterol to less than 300 mg. per day. A single egg yolk, however, contains 250 mg. of cholesterol-nearly the daily allowance. As was stated earlier, AHA recommends an intake of less than 10% of total calories to be obtained from saturated fat. Assuming a caloric intake of 2500 calories per day, the average American should take in no more than 250 calories or less than 27 grams of saturated fat per day. One cup of whole milk contains 5 grams saturated fat. One cup of ice cream contains 8 grams; six ounces of ham approximately 8 grams. These are very substantial portions of the maximum recommended allowance for a day. The contribution of individual foods to the levels of cholesterol and saturated fat intake in the diet thus can be highly significant.

Labeling of individual foods is also important because it is only through a combination of individual food choices that one creates an overall dietary pattern. Without the necessary information individuals cannot, at the present time, choose foods to create this healthful diet.

The proposed labeling regulations will be useful to the consumer in selecting between brands of a particular food item. This will undoubtedly encourage food manufacturers to provide consumers with more low-fat, low-cholesterol foods. Some manufacturers are already providing the information that will be required by S. 1669. But there must be uniformity of labeling if consumers are going to be able to regulate their dietary habits.

The AHA further agrees that products should be labeled with the amounts of sodium and potassium they contain.

Hypertension is often referred to as the "silent killer" because its victims feel no discomfort until it is too late. Hypertension is significantly associated with the increased risk of cardiovascular diseases, stroke, coronary heart disease, peripheral vascular disease, chronic renal failure, and congestive heart failure.

Approximately 60 million persons in the United States either have been found to have elevated blood pressure (BP 140/90 mg Hg. or greater) or have reported being told by a physician that they have hypertension.

The causes of essential hypertension are many. An individuals' blood pressure is influenced by genetic and environmental factors. While genetic factors cannot be changed, they control our response to environmental factors and environmental factors can be changed. The use of pharmacological agents has allowed remarkable progress in the treatment of

high blood pressure. But, during the past five years, significant evidence has accumulated concerning the effectiveness of nonpharmacologic treatments for hypertension.

Modern medical practice has achieved outstanding success in lowering blood pressure by encouraging individuals to modify their life styles, especially through maintenance of reasonable weight and moderate dietary restriction of sodium. In terms of specific nutrients, sodium has been identified as one of the major factors involved in the disease. Sodium is an essential nutrient, and functions in the body to maintain blood volume and cellular osmotic pressure and to transmit nerve impulses. According to the Food and Nutrition Board, the estimated safe and adequate daily dietary intake of sodium is 1100 - 3300 mg (2.8 - 8.4 g table salt) for healthy adults. This is a very generous allowance for we only need 200 mg each day or the equilavent of a half a gram of table salt. Whereas, it is estimated that Americans consume the equivalent of 8 to 10 or more grams of salt daily, it is estimated that the voluntary addition of sodium to food accounts for less than half our total intake. An even smaller proportion occurs naturally in foods. Thus half or more of our sodium intake is added commercially in food processing and preparation. Without appropriate labeling, it is impossible for the consumer to know how much sodium he is receiving from these sources.

Although absolute proof of a cause and effect relationship between sodium intake and elevated blood pressure is lacking, evidence of an association has accumulated from epidemiologic studies, animal experiments, and clinical trials.

In individuals with established hypertension, and particularly those with some damage to the heart, restriction of dietary sodium ususally is an important part of their treatment. This can minimize the need for drugs such as diuretics thereby can help reduce potassium loss. The physician can write a very detailed dietary prescription and a nutritionist can spend hours training and educating but it then becomes very difficult for the patient to apply this knowledge. Thus, information on sodium content of food is essential for planning and implementing modified diets.

Recommendations that the general public decrease salt intake in an attempt to reduce the risk of hypertension are not accepted by everyone. The American Heart Association advises, however, that a larger proportion of the adult population than that officially labeled as having hypertension might benefit from sodium restriction to a moderate degree, not of a stringent degree. Our rationale is:

(1) In cardiovascular disease, risk is a function of blood pressure at all pressure levels, including those well below any artificially established cut-points.

(2) Lowering salt intake has blood pressure lowering effects in a wide range of the blood pressure distribution. Thus, a more general preventive benefit might accrue affecting the majority of Americans, including those who have blood pressures in the so-called normal range, but at levels that are higher than the preferred basal levels.

Public health education programs have increased the public's awareness of the health benefits of reducing the amount and type of fat, cholesterol and sodium in their diets as a means of reducing their risk of heart attack and controlling or perhaps preventing high blood pressure. Recent issuance of the Dietary Guidelines, and ongoing public educational efforts in federal

agencies such as the National Heart, Lung and Blood Institute are examples of this at the federal level.

Furthermore, As I am sure this Committee is aware, the Public Health Service issued the Implementation Plans for Attaining the Objectives for the Nation/Promoting Health/Preventing Disease which set out specific objectives to be attained by 1990 on health promotion activities including nutrition. Although, many of the objectives are interrelated, I wish to note four objectives directly related to this legislation:

- By 1990, the proportion of adults aged 18 to 74 with mean serum cholesterols above 230 mg/dl should be reduced by at least 50 percent;

- By 1990, the average daily sodium ingestion by adults should be reduced at least to the 3 to 6 gram range;

- By 1990, 70 percent of adults should be able to identify the major foods which are: low in fat content, low in sodium content, high in calories, high in sugars, good sources of fiber; and finally,

- By 1990, the labels of all packaged foods should contain useful and nutrient information to enable consumers to select diets that promote and protect good health. Similar information should be displayed where nonpackaged foods are obtained or purchased.

In addition to its many nutrition-related public education initiatives, many of which complement the above-mentioned 1990 objectives, AHA recently has implemented an annual week-long nutrition awareness program called the American Heart Food Festival. This past September, AHA worked with over 8,000 grocery stores nationwide to focus public attention on the benefits of low-fat, low-cholesterol eating patterns.

If, however, we are going to be successful in carrying out an effective public nutrition education campaign both in the federal and private sectors we must have the right tools.

In order to do this, knowledge of the type of fat, and the amounts of total fat, cholesterol and sodium in foods is important. It is for this reason that AHA strongly supports the appropriate labeling of foods and we believe enactment of S. 1669 will be of great service to the American public. Combined with education of consumers in reading and understanding the food labels, individuals will be much better able to regulate daily fat, cholesterol and sodium intake and at the same time, be able to select a variety of foods for a nutritionally adequate diet. AHA pledges its assistance to work with others in both the federal and private sectors to develop programs to educate consumers on how to read and use the labeling information.

The AHA strongly supports the "Nutritional Information Labeling Act" introduced by Senators Howard Metzenbaum and Paula Hawkins and hopes that this Committee will act expeditiously towards its enactment.

Senator HAWKINS. Dr. Hutter.

Dr. HUTTER. Madam Chairperson and members of the committee, I am pleased to have the opportunity to appear before you today on behalf of the American Cancer Society, the world's largest voluntary health agency, with over 2.5 million volunteers throughout the grassroots of the United States.

I am a past national president of the American Cancer Society and currently serve on the national board of directors and its public issues committee and other committees.

In my professional life, I am a physician, Chairman of the Department of Pathology at the St. Barnabas Medical Center in Livingston, NJ, and serve on the faculty as professor at the University of Medicine and Dentistry of New Jersey as well as the College of Physicians and Surgeons of Columbia University.

The American Cancer Society commends Senator Howard Metzenbaum and Senator Paula Hawkins for introducing S. 1699, and I am personally delighted to be the designee of the society to bring you that commendation.

The Nutritional Information Labeling Act, which would amend the Federal Food, Drug and Cosmetic Act to add fat, cholesterol, sodium, and potassium contents to the required labeling information on packaged food containers is an important measure in the public interest.

Madam Chairman, the American Cancer Society supports this legislative initiative because it is consistent with the already existing American Cancer Society nutritional guidelines which recommend minimizing the dietary intake of foods high in fat, salt-cured, smoked, and nitrite-cured foods.

Having the proposed labels on food packages would assist the American public in making informed choices regarding their diet and in following the American Cancer Society guidelines.

For example, Madam Chairman, while some people may wish to restrict fat and cholesterol in their diets, as you have already indicated earlier, the visual inspection of a packaged food or even its contents may give no clue to the amount of fat or cholesterol that would be consumed if eaten.

Extensive research is under way to evaluate and clarify the role of diet and nutrition in cancer causation and prevention. While a direct cause-and-effect relationship has not yet been proved, statistically and epidemiologically, certain types of foods may increase or decrease our risks for specific types of cancers.

Madam Chairman, the accumulated evidence indicates that we may reduce our risks for some cancers by following the dietary guidelines of the American Cancer Society.

You have in my written testimony the listing of the seven guidelines, and for the sake of brevity of this presentation, I will limit myself to the three most significant, relevant to this legislation.

The first is simply to avoid obesity. People 40 percent or more overweight are at increased risk for cancers of the stomach, the colon, the breast, the prostate, the gall bladder, the ovaries, the uterus, and the kidney. Avoiding dietary fat obviously can avoid obesity.

Our physicians that we deal with can recommend suitable diet and exercise regimes to help attain and to maintain an appropriate body weight.

Our second recommendation in our guidelines is to cut down on total fat intake. A high-fat diet itself has been implicated as a factor in the development of certain cancers, particularly those of the breast, the colon and the prostate. Furthermore, we can control our body weight better by avoiding fatty foods.

The proposed legislation would provide consumers with the kinds of fat content information that they need to make informed decisions.

Our sixth recommendation is to eat moderately of salt-cured, smoked, and nitrite-cured foods. In areas of the world where salt-cured and smoked foods are eaten frequently, there is a greater incidence of cancers of the esophagus and the stomach. The salts used to cure foods are rich in sodium.

Madam Chairperson, the American Cancer Society urges the Senate Labor and Human Resources Committee to report S. 1699 as soon as possible for full Senate action so that the American public, you and I, can make informed choices about what we eat.

Thank you.

Senator HAWKINS. Thank you.

[The prepared statement of Dr. Hutter follows:]

AMERICAN CANCER SOCIETY NATIONAL OFFICE

TESTIMONY OF

ROBERT V. P. HUTTER, M.D.

PAST PRESIDENT
AMERICAN CANCER SOCIETY

AND

MEMBER, NATIONAL BOARD OF DIRECTORS

ON BEHALF OF THE
AMERICAN CANCER SOCIETY

BEFORE THE

LABOR AND HUMAN RESOURCES COMMITTEE

UNITED STATES SENATE

OCTOBER 10, 1985

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Mr. Chairman, Members of the Committee, I am pleased to have this opportunity to appear before you on behalf of the American Cancer Society, the world's largest voluntary health agency with over two and one-half million active volunteers throughout the United States.

I am a past National President of the Society, and currently serve on the National Board of Directors and its Public Issues Committee. In my professional life, I am Chairman of the Department of Pathology at St. Barnabas Medical Center in Livingston, New Jersey and Professor of Pathology at the University of Medicine and Dentistry of New Jersey and Columbia University College of Physicians and Surgeons.

The American Cancer Society (ACS) commends Senator Howard Metzenbaum (D-Ohio) and Senator Paula Hawkins (R-Florida) for introducing S. 1699, the "Nutritional Information Labeling Act," which would amend the Federal Food, Drug and Cosmetic Act to add fat, cholesterol, sodium and potassium contents to required labeling information on packaged food containers.

Mr. Chairman, the Society supports this legislative initiative because it is consistent with American Cancer Society nutritional guidelines which recommend minimizing dietary intake of foods high in fat, and salt-cured, smoked and nitrite-cured foods. Having the proposed labels on food packages would assist the American public in making informed choices regarding their diet, and in complying with ACS dietary guidelines. For example, while some people may wish to restrict the fat and cholesterol in

their diets, the visual inspection of a packaged food may give no clue that it contains fat and cholesterol.

NUTRITION AND CANCER: A COMMON SENSE PROGRAM

Extensive research is underway to evaluate and clarify the role diet and nutrition play in the development of cancer. While a direct cause-and-effect relationship has not yet been proved, statistically some types of foods may increase or decrease our risks for certain types of cancer. The accumulated evidence indicates that people may reduce their risks for some cancers by observing the following recommendations of the ACS:

1. AVOID OBESITY

People 40% or more overweight are at increased risk for cancers of the colon, breast, prostate, gall bladder, ovary, and uterus. People with weight problems should consult their physicians to determine their best body weight, since their medical condition and body build must be taken into account. Physicians can recommend a suitable diet and exercise regime to help attain and maintain an appropriate weight.

2. CUT DOWN ON TOTAL FAT INTAKE

A high fat diet has been implicated as a factor in the development of certain cancers, particularly breast, colon and prostate. Furthermore, we can control our body weight better by avoiding fatty foods. The proposed legislation would provide

consumers with the kind of fat content information necessary to enable them to make informed decisions.

3. EAT MORE HIGH FIBER FOODS SUCH AS WHOLE GRAIN CEREALS, FRUITS AND VEGETABLES

Regular consumption of cereals, fresh fruits, and vegetables is recommended. Studies suggest that diets high in fiber may help to reduce the risk of colon cancer. Furthermore, foods high in fiber content are a wholesome and filling substitute for foods high in fat.

4. INCLUDE FOODS RICH IN VITAMINS "A" AND "C" IN YOUR DAILY DIET

Every day we should eat some dark green and deep yellow vegetables and fruits, such as carrots, spinach, yams, peaches and apricots as sources of vitamin A; and oranges, grapefruits, strawberries, green and red peppers for vitamin C. These foods may help lower our risk for cancers of the larynx, esophagus and lung. However, the excessive use of vitamin A supplements is not recommended because of possible toxicity.

5. INCLUDE CRUCIFEROUS VEGETABLES IN YOUR DIET

Certain vegetables in the cruciferous or mustard family -- broccoli, Brussels sprouts, cabbage, cauliflower and kohlrabi -- may help prevent the development of certain cancers. Research is in progress to determine how these foods may protect against cancer. Incidentally, cruciferous vegetables are named for their flowers which have four leaves in the pattern of a cross.

6. EAT MODERATELY OF SALT-CURED, SMOKED AND NITRITE-CURED FOODS

In areas of the world where salt-cured and smoked foods are eaten frequently, there is a greater incidence of cancers of the esophagus and stomach. The American food industry says it has developed a "liquid smoke" to provide flavor while avoiding the possible cancer-causing by-products of combustion. The salts used for salt-curing are rich in sodium.

7. KEEP ALCOHOL CONSUMPTION MODERATE, IF YOU DO DRINK

The heavy use of alcohol, especially when accompanied by cigarette smoking, or the use of smokeless tobacco increases the risk of cancers of the mouth, larynx, throat, esophagus and liver.

* * *

Mr. Chairman, the American Cancer Society urges the Senate Labor and Human Resources Committee to favorably report S. 1699 as soon as possible.

Senator HAWKINS. Senator Grassley has joined us, and we would ask for his statement at this time.

Welcome.

Senator GRASSLEY. Thank you, Madam Chairperson.

Because of time constraints, I am going to comment for just a few minutes. Over a long period of time, I have had an interest in this issue of diet and its relationship to cancer and other diseases, because, for one, I have found that sometimes scientific evidence has not turned out to be so scientific; also, because where there is not hard scientific evidence, some of the statements by government reports, public officials, have been detrimental to the agricultural base of my economy.

And I am only asking the committee at this point—because I know we will have other hearings on this subject—to be cognizant of some of the questions that have been raised in regard to the scientific bases. And, also, I would like to include for the committee files a General Accounting Office Report made available as a basis for our record that dealt with some of the shortcomings of the National Academy of Sciences' report on this subject last fall.

So I will stop at that point. But I do want to commend you, and I for one am not in a position to disagree with the basic thrust of your bill, which is to give consumers more information, but I do think that information is one thing if it is based on sound evidence, another thing if there is a willy-nilly approach taken that just because we are not sure, let's go ahead and do something, anyway.

Senator HAWKINS. Thank you, Senator.

Ms. Haas.

Ms. HAAS. Thank you very much, Senator Hawkins, Senator Grassley.

My name is Ellen Haas, and I am executive director of Public Voice for Food and Health Policy, a nonprofit consumer research, education, and advocacy organization.

I would like to begin by saying, as a veteran consumer advocate who has been here too many times when I look back over the years, I would like to commend Senators Hawkins and Metzenbaum for providing a ray of light in the dark tunnel of consumer confusion. I think this bill is an excellent opportunity for consumers to gain the necessary knowledge in the marketplace to make healthful decisions.

Also, I would like to say that as someone who has been around those many years, I have shared the frustration that both you, Senator Hawkins and Senator Metzenbaum, this morning expressed so well.

As I prepared this testimony, I was so frustrated we almost could not write it, having been through the many hearings that the Food and Drug Administration, the USDA, and the FTC held, testifying here on the Hill many times on nutrition labeling, and realizing that nothing has happened in these 6 years, or pretty little has happened over these past years—despite the fact that thousands of people across the country participated in those hearings. The Food and Drug Administration and other agencies received nearly 10,000 written comments when they held those food labeling hearings. More than 452 people around the country testified at those hear-

ings. And what do we have? We still have our present state of confusion.

Also, on the question when we got to be more narrowly focused, and several years ago there were legislative proposals for sodium labeling, that too is to me a great disappointment. When we can say it is wonderful that 55 percent of 80 percent of the products in the supermarket do have the sodium labeling, what about the 45 percent of the products that do not have the sodium labeling, and consumers who need that information in the marketplace?

I comment you both for recognizing that problem.

Also, because of our deep concern——

Senator METZENBAUM. Excuse me, Ms. Haas, may I interrupt?

Ms. HAAS. Yes, surely.

Senator METZENBAUM. Even in their testimony, they do not claim that 55 percent of the products in the supermarket have the labeling. Don't they only say 55 percent of those in connection with which FDA has some authority?

Ms. HAAS. That is right, 55 percent of the 80 percent, that is right.

Senator METZENBAUM. OK.

Ms. HAAS. That is a woeful number. We have a long way to go.

Additionally—and you picked out the winners—the products that do not usually have the labeling are the ones that consumers need to be alerted about. The ones that do have the information are often the ones that consumers can figure out.

Because of our deep concern—and I realize it is not exactly this committee's jurisdiction—but we were so concerned about the relationship of health and the availability of nutrition information that Public Voice filed a petition at the USDA in November 1984 to provide mandatory fat labeling of processed meat products. It was supported by a coalition of 20 health organizations—including the American Heart Association, and the American Cancer Society passed a resolution regarding that petition—women's groups, consumer groups, and senior groups. However, USDA denied Public Voice's petition in the spring of 1985. This rejection and the history that we have before us makes it clearer to us why mandatory nutrition labeling information is necessary at this time. There needs to be a guarantee that critical nutrition information will be disseminated in a uniform, pervasive manner that will enable American food shoppers to evalate food selections at the most important point—the point of purchase.

Consumers are in serious need of the type of information that will be provided as a result of S. 1699, the Nutrition Information Labeling Act of 1985. Heart disease, stroke, cancer, and hypertension, all preventable illnesses, are among the leading causes of death in the United States today. They also escalate medical costs, cause human disabilities, and affect the productivity of our citizens.

At the same time, consumption of highly processed foods has increased over the past decades. It is now more than 51 percent of all food products in the supermarket. Consumers have no effective way of assessing important nutritional values of these food products, because there is an absence of adequate labeling.

A survey in the American Journal of Epidemiology of over 11,000 persons' weekday eating habits revealed that over 27 percent of

their salt intake was from white bread, hotdogs, luncheon meat, and cheese—all processed foods with a hidden salt content.

American consumption of fat continues to be too great, as we have heard today. Today, the average American consumes about 42 percent of his or her daily calories from fat, which is a 25-percent increase since the early 1900's.

For example, Americans eat almost 1.5 billion pounds of hotdogs and over 600,000 pounds of bologna—each insidious sources of fat. Absent effective nutrition labeling, consumers simply cannot make well-informed nutritional choices at the grocery store.

The recently released—and I must say, reaffirmed—"Dietary Guidelines for Americans," published by USDA and the Department of Health and Human Services, which was just re-released again in 1985, after very careful scrutiny, supports the goals of your legislation. The Dietary Guidelines recommend that the consumption of fats, saturated fat, cholesterol, and sodium be reduced and admonishes consumers to "read labels carefully to determine both amount and type of fat present in foods."

It also recommends to consumers that they reduce their sodium consumption, and it says, "Read labels carefully to determine amounts of sodium."

S. 1699 will provide that needed information to follow the dietary guidelines. It will provide the American public with information essential to their food selections by improving the food label.

Recent surveys reveal that many Americans are already concerned about key nutrition issues and are looking for relevant information that will assist them in the selection of their personal diet.

According to the Prevention Index 1985: A Report Card on the Nation's Health, based on a nationwide survey by Lou Harris & Associates, food choices and habits are changing because people are starting to think more about diet and nutrition.

Fifty-nine percent of Americans say they "try a lot" to avoid eating too much fat; 54 percent of Americans express that they "try a lot to avoid too much salt or sodium, and 43 percent "try a lot" to avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats.

These percentages all reflect a slight increase since 1984 in the percentage of Americans wanting more control and willing to make charges regarding key aspects of nutrition.

Food labeling can be insurance for the American public. Prevention and control of major diseases depend on individuals making personal choices and changing their eating behavior with better selections of healthful foods. This goal requires adequate nutritional information on food products so consumers can be alerted to high sources of fat, cholesterol, and sodium.

S. 1699 will ensure that nutrition will be a factor in the health merit of a food product. The food label can link knowledge about nutrition to voluntary educated food selection.

As the committee knows, there has been a development in the processed food industry to market foods that are lighter, leaner, lowered or reduced. But those adjectives, without all similar products having comparable nutritional information labeling, cannot be fully understood by the food purchaser.

Additionally, current nutrition information simply is not sufficient.

S. 1699 will make that difference. Let me say there are two points that we would like to see in addition to your legislation being considered. One is the need for more consumer education about how to use the food label once it is passed. Thousands of Americans who visit doctors this year will be advised to consume less salt and saturated fat, and many more who do not get a medical checkup would have been told the same advice.

We encourage the Federal Government to sponsor a widespread consumer education program to explain to the consumer how to use the new label required by S. 1699. Consumers need to understand more clearly how to incorporate the information provided by the label into plans for well-balanced diets.

Additionally——

Senator METZENBAUM. Ms. Haas, there are four other witnesses from whom we must hear.

Ms. HAAS. I am coming to the conclusion.

Senator METZENBAUM. Would you, please?

Ms. HAAS. Sure. I wanted to make one point on the format. Dr. Miller of the Food and Drug Administration mentioned the importance of graphics. I think as a next step, how the information is presented is critically important.

Your bill deals with the content, and it is critically important. But we do have to consider the graphics, and I hope that you would consider the format as being equally important to the information.

In conclusion, the food label is the most useful tool for providing nutrition information to consumer.

We thank you for the opportunity to be here in support of your bill.

Senator HAWKINS. Thank you.

Senator METZENBAUM. Thank you.

[The prepared statement of Ms. Haas follows:]

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STATEMENT OF ELLEN HAAS
PUBLIC VOICE FOR FOOD AND HEALTH POLICY
BEFORE THE
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES
REGARDING THE NUTRITION INFORMATION
LABELING ACT OF 1985

S.1699
OCTOBER 10, 1985

The Need for Better Nutrition Labeling

Good morning, Chairman Hatch. My name is Ellen Haas and I am Executive Director of Public Voice for Food and Health Policy, a non-profit consumer research, education and advocacy organization with expertise in food, nutrition, prevention and agriculture issues.

At Public Voice, we have been very involved in the field of nutrition labeling and have worked for improvements in nutrition labeling since our formation in November of 1982. I have been active, along with other members of my staff, in labeling issues for more than a decade and in 1982, through a grant from the German Marshall Fund conducted a study of nutrition labeling policies in five European countries.

For many years, nutrition labeling in the United States has been examined by Congress, the Executive Branch and a variety of citizen groups. In 1978, the Food and Drug Administration,

the U.S. Department of Agriculture [USDA] and the Federal Trade Commission began work on a comprehensive food labeling policy that included nutrition labeling. The tripartite group sponsored public hearings around the country. More than 2800 people attended the hearings, 452 people testified and the agencies received nearly 10,000 written comments. A supplementary survey of the labeling needs of primary food shoppers also was conducted.

In December 1979, the three agencies published their tentative positions on food labeling policy. Public hearings were held on those positions in March 1980. In addition, legislation was introduced in Congress and hearings were held in both the House and the Senate. Since then there has been a lot of attention to sodium, including Congressional hearings and a FDA proposal.

Because of our deep concern about the relationship between health and the availability of nutrition information, Public Voice filed a petition at the USDA, in November of 1984 to provide mandatory fat labeling of processed meat products. A coalition of health, women's, prevention, consumer, and senior groups supported our position on mandatory fat labeling and the concept of using the food label as a point of purchase nutrition information tool.

USDA denied Public Voice's fat petition in the spring of 1985. This rejection makes it clearer to us why mandatory nutrition

labeling legislation is necessary. There needs to be a guarantee that critical nutrition information will be disseminated in a uniform, pervasive manner that will enable American food shoppers to evaluate food selections at the point of purchase.

Consumers are in dire need of the type of information that will be provided as a result of S.1699, The Nutrition Information Labeling Act of 1985. Heart disease, stroke, cancer, and hypertension, all preventable illnesses, are among the leading causes of death in the United States today. These medical problems, besides the emotional traumas connected with them, escalate medical costs, and cause human disabilities and premature death.

Respected members of the health community have told us that the particular health problems are, in great part, consequences of poor eating habits. The repercussions of too - high a sodium intake may be hypertension, while diets high in saturated fats and cholesterol increase our chances of developing coronary heart disease and certain cancers.

Consumption of highly processed foods has increased over the past decades, so consumers have less control over what nutrients are added to their foods. Consumers have no effective way of assessing important nutritional values of these food products because there is an absence of adequate labeling. A survey of over 11,000 persons' weekday eating habits revealed that

over 27% of their salt intake was from white bread, hot dogs and luncheon meats, and cheese, all processed foods with a hidden salt content.

American consumption of fat continues to be too great. Today, the average American consumes about 42% of his or her daily calories from fat, which is a 25% increase since the early 1900's. Processed meats are reported as the second most frequently consumed source of fat, with hamburgers being the first. Americans eat almost one and a half billion pounds of hot dogs and over 600,000 pounds of bologna--each insidious sources of fat. Absent effective nutrient labeling, consumers simply cannot make well-informed nutrition choices at the grocery store.

The recently released, Nutrition and Your Health Dietary Guidelines for Americans, published by USDA and the Department of Health and Human Services in August 1985, supports the goals of S.1699. The Dietary Guidelines targets fats, saturated fat, cholesterol and sodium for reduced consumption in the typical American diet. The Dietary Guidelines describes the connection between high blood cholesterol levels and heart attacks and the effect of diets high in fat and cholesterol on increasing blood cholesterol. The Dietary Guidelines suggests "it is sensible to reduce daily consumption of fat" and admonishes consumers to "Read labels carefully to determine both amount and type of fat present in foods" (emphasis added).

The Dietary Guidelines also stresses the hazard of excess sodium for persons with high blood pressure which affects 25% of all adult Americans. The Dietary Guidelines points out that many beverages and processed foods, sandwich meats and salty snacks contain sodium. The Dietary Guidelines, while advising Americans to consider a reduction of their sodium intake, states, "Read labels carefully to determine amounts of sodium" (emphasis added).

S.1699 Will Provide the American Public with Information Essential to Their Food Selections by Improving the Food Label.

Recent surveys reveal that many Americans are already concerned about key nutrition issues and are looking for relevant information that will assist them in the selection of their personal diet. According to the Prevention Index 1985: A Report Card on the Nation's Health, based on nationwide surveys by Lou Harris and Associates commissioned by the Prevention Research Center, food choices and habits are changing because people are starting to think more about their diet and nutrition. 59% of Americans say they "try alot" to avoid eating too much salt or sodium. 54% of Americans express that they "try alot" to avoid too much salt or sodium. 43% "try alot" to avoid eating too many high cholesterol foods, such as eggs, dairy products, and fatty meats. These percentages all reflect a slight increase since 1984 in

the percentage of Americans wanting more control and willing to make changes regarding key aspects of nutrition and diet.

Food labeling can be insurance for the American public. Prevention and control of major diseases depend on individuals making personal choices and changing their eating behavior with better selections of healthful foods. This goal requires adequate nutritional information on food products so consumers can be alerted to high sources of fat, cholesterol and sodium.

S.1699 will help ensure that nutrition will be a factor in the evaluation of the health merit of a food product. The food label can link knowledge about nutrition to voluntary, educated food selections. S.1699 will enable consumers to address personal dietary needs at the time of food purchase. This bill takes a giant step forward towards making certain that consumers have useful information that promotes health available to them at the point of purchase.

Now is the time to require the labeling outlined in S.1699 because processed foods are continuing to constitute such a large portion of the American diet. There is a development in the processed foods industry to produce foods "lighter", "leaner", "lowered" or "reduced". But those adjectives, without all similar products having comparable nutritional information labeling, cannot be fully understood by the food purchaser.

Additionally, current nutrition information simply is not sufficient. For example, in 1984, only 10-15% of all hot dogs and bologna were labeled with grams of fat.

This legislation will equip the American public with information they need to make more informed health decisions when shopping for food. S. 1699 will require the label of a food to state the common name and amount of fat or oil in the food, the amount of saturated, polyunsaturated, and monounsaturated fats contained in the food, and the amounts of cholesterol, sodium and potassium in the food. Thus, consumers at the point of purchase will have immediate access to information about essential nutrient contents.

This new label will give consumers a framework for thinking about the nutritional worth of their food purchases. The recommendations of the Dietary Guidelines can be acted upon with greater ease. Public Voice strongly supports S.1699--but this bill is not a panacea.

Need for More Consumer Education

Thousands of Americans who visit doctors this year will be advised to consume less salt and saturated fats. And many more who do not get a medical check-up would have been told the same advice.

The American public should not have to wait until medical problems arise before they realize how their diet should be improved. Many organizations, including consumer organizations, have the obligation of spreading the information we already have on the relationship between diet and well-being.

We encourage the federal government to sponsor a widespread consumer education program to explain to consumers how to use the new label required by S.1699. Consumers need to understand more clearly how to incorporate the information provided by the label into plans for well-balanced diets. Target programs for low-income consumers with tight budget constraints would be especially helpful.

Additionally, while S.1699 addresses the content of a label, the next step would be to develop the labeling format. Nutrition information must be presented in a clear standardized manner to facilitate the nutrition message. Innovative nutrition labeling in Europe can suggest useful labeling techniques that should be considered for use here.

According to the Prevention Index 1985, 70% of adults say that information from the media has motivated them to improve their health habits in the last five years. Continued federal commitment to health prevention education like Dietary Guidelines

must be increased. The food label is a very useful tool for providing nutrition information to consumers. But consumers first must be aware of dietary risk factors associated with certain nutrients. We hope that S.1699 will be one important part of this Congress' actions to improve the dietary nutrition of Americans.

Senator HAWKINS. Dr. Brown, didn't the NIH Consensus Development Conference on Lowering Blood Cholesterol recommend that in the general population, basic intervention should be based on diet rather than drugs?

Dr. BROWN. Yes. There was no question that the major and first emphasis should be on diet. Drugs are to be considered only in those cases where the cholesterol is very high, and where lack of dietary responsiveness is demonstrated.

Senator HAWKINS. Therefore, it is important that labels list not only the fat content, but also the grams of saturated and polyunsaturated fat?

Dr. BROWN. Absolutely.

Senator HAWKINS. And the calories?

Dr. BROWN. Calories are also important.

Senator HAWKINS. How many individuals do you estimate have no idea that they are at a risk of hypertension?

Dr. BROWN. Well, I think that most Americans do not believe that they are going to get hypertension. It has transpired, though, over the last many years that most Americans who do have hypertension are now aware of it through major public health efforts, both by the Government and by organizations such as ours.

Senator HAWKINS. But isn't it true that a lot of individuals do not have any symptoms until they actually have a stroke?

Dr. BROWN. Indeed. That is one of the very dangerous aspects of high blood pressure. Even people who know they have it, because they do not have symptoms, frequently neglect themselves.

Senator HAWKINS. I have noticed the total amount of care and concern that is required after a stroke occurs—a nurse around the clock; a tremendous amount of therapy; a tremendous amount of concern about diet, et cetera. It seems to me that every witness here today should be testifying as this panel has, in support of this labeling if only to cut the costs as well as the terrible results of stroke, if nothing else.

Dr. BROWN. I could not agree more fully with your statement. I think we can educate people, give them the tools, the knowledge, but without their being able to go in and get the facts off the grocery store shelves, I as a physician, my nutrtionists, and the American Heart Association, are wasting a great deal of time that could be much more effectively used if this bill were passed.

Senator HAWKINS. PBS has a recent show called "The Nutrition Quiz." Have you seen that?

Dr. BROWN. Yes.

Senator HAWKINS. It seems to me it would be an excellent way to teach consumers about diet and their health. I do not know how many watch PBS. It seems to me that a worthwhile goal of one of your organizations here, would be to promote public education or diet whether it be through public television networks or some other medium, that attracts consumer attention.

Senator Metzenbaum, do you have some questions?

Senator METZENBAUM. Yes.

First, Drs. Hutter and Brown, and Ms. Haas, let me say thank you for appearing here today in support of our legislation. Each of you speak for very large organizations, and we are certainly grateful for that kind of support.

I would ask Drs. Hutter and Brown, you heard the testimony from the doctors who testified on the first panel. Do you have any reaction as physicians as to their testimony or what they said? Do you agree, disagree—what are your views?

Dr. HUTTER. The impression I was left with, Senator, is that the gentlemen who testified are very competent and dedicated Government officials, who are implementing governmental programs and depend on the Congress to provide those programs for them.

Senator METZENBAUM. Well, do you agree with their analysis of how those programs can be implemented, because they are telling us that our way of doing it, our suggested way, is not the right way, that their way will achieve the same objective. Has it?

Dr. HUTTER. I would much rather respond to that as one of the 240 million consumers in the United States than as a physician, because when I am not in my professional laboratory, I spend some time in my avocational laboratory, which is the supermarket. And I would reinforce the concern that Ms. Haas expressed. And I think it is wonderful that there is a high proportion of voluntary compliance with labeling. But we do not have 100 percent, as Senator Hawkins said. And I find that I am interested in nutritional content of food, and I find it very difficult when I look at labels in the supermarket. Those packages that have transparent containers seem to somehow always have in microprint the nutritional contents of the same color as the contents of the package, and when you want to know what is in the food, I find myself exploring that package several times before I can find the information that I know has to be there, and yet it is almost—well, I am not going to make a judgment—but I have difficulty finding it. And when there is not a transparent package, it is oftentimes printed in the same color as the color of the background package, and I have difficulty with that. And what is most frustrating and enfuriating to me as a consumer is a good number of times, randomly but consistently, the price label is over the ingredients label.

Senator METZENBAUM. Well, we have been told earlier that economics are more important than nutrition, so maybe that just follows.

Dr. Brown, do you wish to respond?

Dr. BROWN. I cannot speak for another man's heart, and I know these gentlemen are under great pressures from many different sources, many of which I do not understand, some of which I do.

I think they are wrong. I think the way they have approached this problem is wrong and ineffective, some people might say by design, others feel for good reason.

I think in part, it is my fault and those of us who sit here who have not exerted the proper amount of pressure on the other side of the issue to help bring proper food labeling about. And I hope that we will be more active in supporting your initiatives, both Hawkins and Metzenbaum.

Senator METZENBAUM. Let me ask you, Dr. Brown, some suggest that there is no basis in fact for the claim that sodium and potassium can impact upon high blood pressure.

What is your opinion on that?

Dr. BROWN. I think there is a great deal of evidence that in fact, sodium does play a role in hypertension. It comes from epidemio-

logic studies. It is true that societies that eat very little sodium have a very low incidence of high blood pressure.

It is also true that once you examine a large number of people such as the American population and try to plot the response to hypertension or blood pressure over the kinds of sodium levels that we are currently talking about, the effect is rather weak.

But I think there are other issues to be considered here, which somehow get swept under the rug, and that is, there are a huge number of people in our society who have disease such as congestive heart failure, such as kidney disease, in which there is no argument about the importance of their watching sodium in their diet. Those people need this information.

Senator METZENBAUM. There are those who will testify today that the jury is still out on the issue of saturated fat and cholesterol and its having an impact upon our health. What is your opinion on that?

Dr. BROWN. It almost falls in the category that there is still a square Earth society, Senator. I think the evidence is overwhelming for any reasonable person who examines the evidence. Now, there are many people who talk about the evidence without examining it, so I think you have to be on guard for that.

There are at least 10 studies in which diet has been the intervention in which coronary heart disease has been reduced. Every one of those studies has been criticized, has been picked upon by one point or another. The point is usually different, the point of picking. So the scientific validity has been questioned in many, many—in fact, all—of those studies.

But when you look at the total of the 10—and the answer has been the same every time—I think a reasonable man would come to the conclusion that this is an important aspect of preventing heart disease.

Senator METZENBAUM. How would any of you respond to the charge that consumers would not use or could not understand this information if we gave it to them?

Do you want to respond, Ms. Haas?

Ms. HAAS. Well, the fact is, consumers do use the information, and with the proper education and the proper format, so it is in an easy-to-understand manner, there is no question that they would.

I think that this is the kind of argument that is circular. In the beginning we started out by saying this information was not necessary. Now everybody is in agreement that the information is necessary. I heard the agencies say that this morning; they have no quarrel with the fact that we needed information about fat and saturated fat and sodium. Now it turns around and we say that consumers will not use it. Well, let's give us a chance.

Senator METZENBAUM. Do you have any feeling on that, Dr. Brown of Dr. Hutter, whether consumers would use it and understand it?

Dr. HUTTER. I would certainly concur. We have educational programs going on from grade school through the education of physicians who are learning to be physicians about nutrition, and once the public and the profession are educated as they are now, the application of that education requires facts, as you indicated earlier, and these facts are to be contained on the labels so that people can

act on the basis of the behavior modifications that have been introduced through education.

Dr. BROWN. Almost every day, I look a frustrated patient in the eye who comes in with the very complaint that you are raising here. I have told them what to do, explained why they should do it; my nutritionist has gone through their diet in great detail, and yet when they go to the grocery store, they cannot apply that knowledge.

Senator METZENBAUM. Are there any indications that family physicians are becoming increasingly aware of the dietary relationship to our health? Are younger physicians doing more in that field? How do you feel about that, what the medical profession itself is saying and doing as far as this subject is concerned?

Dr. HUTTER. There is no question but that they are becoming more aware and better informed, and I believe that this is primarily through public pressure. The guidelines that the Cancer Society developed for diet and nutrition and cancer causation and prevention were done in response to public frustration about what to believe when they read advertisements and newspapers and see the media in relation to this subject. And it was in response to this public pressure that these guidelines were developed.

We also see that the curricula in medical schools are being adjusted specifically to incorporate information on diet and nutrition, because although they seemed adequate in the past, we now know from the public demand that they were not adequate enough, and they are responding to this. I believe the young physicians today are much better prepared to deal with diet and nutrition than we were when we graduated.

Senator METZENBAUM. Thank you very much, gentlemen, and Ms. Haas. We appreciate your support, and we appreciate the support of your organizations.

Our next panel is Mr. Charles Carey, president of the National Food Processors Association; Mr. Wayne Pate, executive vice president of Golden Flake Snack Foods, Inc., on behalf of the Potato Chip & Snack Food Association; Mr. Thomas Applewhite, Institute of Shortening & Edible Oils, and Mr. William Dickinson, president of the Salt Institute, Alexandria, VA.

I want to explain to this panel as well as the previous one that Senator Hawkins left because we have a rollcall in progress, and she has gone; when she comes back, I will leave, but then we both will come back when that is concluded.

I do not know whether this panel has agreed as to who wants to go first—Mr. Carey, I would be very happy to hear from ycu.

I do not know whether the chairman instituted before I came in this morning any rules as to the length of your testimony, but I will say the hour is growing late, and we certainly do want you to have an opportunity to be heard. So I would hope you would keep your oral comments to 5 minutes, and if you have to go another couple beyond that, so be it. But, I think, that would be reasonable.

Mr. Carey.

STATEMENT OF CHARLES J. CAREY, PRESIDENT, NATIONAL FOOD PROCESSORS ASSOCIATION, WASHINGTON, DC; WAYNE PATE, EXECUTIVE VICE PRESIDENT, GOLDEN FLAKE SNACK FOODS, INC., ON BEHALF OF POTATO CHIP & SNACK FOOD ASSOCIATION; THOMAS H. APPLEWHITE, INSTITUTE OF SHORTENING & EDIBLE OILS, AND WILLIAM E. DICKINSON, PRESIDENT, SALT INSTITUTE, ALEXANDRIA, VA

Mr. CAREY. Senator, I will certainly try to do that. We do have a longer written statement that we have submitted, but I will try to summarize.

Senator METZENBAUM. The entire written statements will be included in the record.

Mr. CAREY. Thank you, Senator.

My name is Charles Carey, and as president of the National Food Processors Association, I am pleased to have this opportunity to express our members' views on S. 1699.

Our organization is scientifically and technically based, and it represents nearly 600 companies, including most of the major food processing companies in the United States.

The association has three food research laboratories, staffed with food technologists, nutritionists, microbiologists, and chemists.

Our members believe that FDA and USDA, working with the industry and with consumers, should develop programs to provide nutrition information to consumers that is understandable and helpful in the quest of a healthful diet.

While NFPA strongly supports the provision of necessary nutrition and ingredient information to consumers, we believe that some of the specific proposed mandatory requirements are counterproductive. We oppose such requirements because we believe that the industry has already shown that progress can be made through labeling voluntarily; that current labeling regulations adequately protect and inform the consumer, and that the proposed new labeling requirements would only be confusing, and that nutrition is still an infant science, and therefore, what the label might tell the consumer under mandatory rules may not be helpful.

Our industry is very sensitive, as any consumeroriented industry is, to public and consumer interest in the subject of nutrition, diet, and health, and surveys have shown that there are some widespread misconceptions, particularly about processed foods, regarding additives and nutritional values.

We have made various efforts to correct those misconceptions, and therefore, educating the consumer through labeling or through advertising is important to us.

A large part of an individual's diet is made up of fresh foods—meat, poultry, fruits, vegetables, and fish. Those fresh items have dietary ingredients of similar interest to the consumer. It is, however, only processed foods, one aspect of our diet, that provide a myriad of dietary information in order to educate the consumer.

And frankly, we are not sure whether this legislation is intended for all goods sold at retail, for all packaged foods, for all prepackaged foods, or only for processed foods.

Efforts by tbe food processing industry to provide nutrition information are real and are directed toward educating the consumer.

Let me mention some of the activities undertaken by NFPA in labeling and in consumer education on diet and health.

First, I would like to mention a petition that we filed some months ago with the Food and Drug Administration to change their policy on health claims in labeling. This, we consider one of the most important initiatives that we have taken in recent years, and it was only taken after considerable study both by the scientists among our members and by those who have closely studied the existing regulations.

Tbe FDA has said that it believes that it is worth while to consider new ways to inform and educate the public regarding that relationship between diet and health, and FDA may liberalize their policy as to what information in relation to health may be included on the label. They have already announced that they will come out with a statement on that in the very near future.

NFPA has also been working with FDA and other trade associations to assist in providing nutrition information at the point of sale, generally the supermarket. Last October, we sponsored a Conference on Food Labeling and Advertising, finding better ways to communicate about nutrition. We submit for your information the published proceedings of that conference. I think that was submitted with our written statement.

Senator METZENBAUM. Mr. Carey, excuse me. I am going to have to interrupt you, and I apologize. But I only have about 2 or 3 minutes to get to the floor to vote. I had hoped Senator Hawkins would be back, but I am sure she is on her way. And I apologize for having to interrupt your testimony, but I do think I must leave, and so we will stand in recess until Senator Hawkins or I get back.

[Short recess.]

Senator HAWKINS [presiding]. Mr. Carey, had you completed your testimony—if you could compress it, we are all pressed for time.

Mr. CAREY. I realize we are——

Senator HAWKINS. We will read the entire statements that you have submitted.

Mr. CAREY. Yes. We do have a longer written statement that we have submitted. After expressing our interest in conveying useful information to the consumer, I had just started to enumerate some of the programs that we have undertaken that we think are constructive in that direction.

First, I mentioned the petition which we filed with the Food and Drug Administration a few months ago, seeking a change in their policy on health claims on labels. Much of the discussion this morning centered on the need to provide not just factual information, but provide it in such a way that the consumer could find it useful.

The FDA has responded informally that it believes this would be worthwhile. We are expecting a formal response in reaction to that petition in the near future.

I mentioned that we have also been working with FDA and other trade associations to assist in providing nutrition information at the point of sale, generally the supermarket. This is a new program that got underway some months ago.

Last October, we sponsored a Conference on Food Labeling and Advertising, finding better ways to communicate about nutrition,

and we have submitted with our written statement the published proceedings of that conference.

NFPA has a successful Voluntary Sodium Labeling Program which was started several years ago. As early as 1981, we supported an industrywide voluntary program to label the amount of sodium contained in processed food products.

Incidentally, I would like to go back to one question I raised at the start. We are not clear weather this legislation is intended for all foods sold at retail, for all packaged foods, for all prepackaged foods, or for all processed foods.

But our voluntary sodium labeling program dealt with the food products that we represent; namely, processed foods.

In 1982, our first survey showed that the respondents were sodium labeling 40 percent of their products. Our 1985 survey showed that our respondents are projecting that they will label 64 percent in 1985. And I should explain, a lot of that 1985 sales volume is products that have already been packaged from crops that were grown in 1984.

Regardless of the product category, consumers now have the option of purchasing processed foods that are sodium labeled and many products that have reduced or no sodium.

Finally, the Food and Drug Administration says that over half of the Nation's food products already bear nutrition labels. Such labeling is voluntary, and we believe it should continue to be voluntary. However, if a company does nutrient label, there are mandatory guidelines set by FDA that must be followed in order to avoid consumer confusion. Dr. Miller discussed these this morning.

In summary, we believe that the Voluntary Nutrition Labeling Program has worked quite well. A voluntary program works because the food processing industry is highly competitive; it is a consumer products industry attuned to consumers' needs and wants.

We reviewed in our written statement what the law already requires, which includes labeling of fats and oils, serving size, ounces, numbers of calories, as well as sodium labeling, not later than July 1 of next year. This new bill contains several provisions that duplicate current law or regulation. The bill also contains a number of requirements that are already elements of nutrition labeling, including statements of caloric content, grams of fat per serving, and sodium labeling.

Nutrition labeling is currently required for all foods for which a nutrition claim is made or to which a nutrient such as potassium or calcium is added. As we stated previously, over 50 percent of all prepackaged foods are nutritionally labeled as a result of voluntary industry efforts.

The question of sodium and potassium labeling has already been the subject of a formal notice and prolonged rulemaking procedure by the appropriate regulatory agency.

In the proposed labeling of source for oils and foods, labeling of products would become an incredibly difficult exercise and would require a relabeling of finished food products and constant labeling changes in order to accurately indicate the content of a specific product.

Moreover, the exercise would not greatly benefit the consumer. If the consumer wants to limit total fat and total calories, existing

label declarations make that possible. Additional fatty acid information would just be more confusing.

NFPA believes that this committee hearing can be a positive step in that it encourages Government, industry, academe, and consumer groups to discuss the issue together. We agree with the intent of the sponsors of the legislation, that the consumer needs to be educated and informed, and our own record of cooperation with FDA and other Government agencies toward that end speaks for itself.

NFPA believes that current labeling regulations adequately protect the consumer. They do not contribute as much as they could to educate the consumer, and the proposed new requirements would only be confusing.

NFPA will continue its own consumer education programs and will encourage its membership to continue to do the same. We will also support the variety of Federal Government programs that provide consumer information on nutrition and diet and health.

Thank you.

Senator HAWKINS. Thank you, Mr. Carey.

[The prepared statement of Mr. Carey follows:]

NATIONAL FOOD PROCESSORS ASSOCIATION
Testimony on S. 1699
Before the
Senate Committee on Labor and Human Resources
October 10, 1985

Madam Chairman and members of the Committee, my name is Charles J. Carey and as President of the National Food Processors Association (NFPA) I am very pleased to have this opportunity to express our members' views on S. 1699, the "Nutritional Information Labeling Act of 1985." NFPA is a scientifically and technically based trade association that represents nearly 600 companies including most of the major food processing companies in the United States. Our member companies pack processed fruits, vegetables, meats, fish and specialty products including canned, frozen, aseptic, dehydrated, pickled and other preserved food items. Included in our membership are companies that manufacture packaging and processing equipment, or provide supplies and services to the food processing industry.

The Association has three food laboratories, one here in D.C. at our headquarters building, one in California and one in Washington. Each laboratory is staffed with highly educated food technologists, microbiologists and chemists. It is this strong scientific background that gives NFPA the technical background to comment on legislation as involved as S. 1699, co-sponsored by you and Senator Metzenbaum.

NFPA and its members believes that it is the Food and Drug Administration working with the food processing industry and with consumers that should develop programs to provide nutrition information to consumers that is understandable and helpful in

the quest for a healthful diet. While NFPA strongly supports providing necessary nutrition and ingredient information to the consumer, we believe that mandatory requirements are counter productive. We oppose such requirements because we believe that the industry has already accomplished a considerable amount of labeling voluntarily; that current labeling regulations adequately protect the consumer; that the proposed new labeling requirements would only be confusing to the consumer; and that nutrition is still an infant science and therefore what the label is telling the consumer may not be helpful and additional work is necessary to determine what information the consumer needs and how that information should be presented.

Background

Our industry has known for sometime about public and consumer interest in the subject of nutrition, diet and health. We are particularly interested in these subjects because surveys conducted by cur industry have shown that misconceptions regarding processed foods are growing. The general public's perception is that processed foods are full of additives and that there is significant loss of nutritive value in processed foods. Scientific experience indicates that that is not true and we have made various efforts to correct those misconceptions. Therefore, educating the consumer through labeling or through advertising is important to us.

It is also important to remember that a large part of an individual's diet is made up of fresh foods--meat, poultry,

fruits and vegetables, and fish. These fresh items have dietary ingredients of interest to the consumer. It is, however, processed foods--only one aspect of our diet--that have a myriad of dietary information in order to educate the consumer.

In addition, as Dr. Paul M. Newberne of Boston University School of Medicine recently told the American Cancer Society's recent diet and nutrition conference "as a society our food supply has never been healthier." He added that our diet is safe and has never been more nutritious indicating that our major concern should be the excess of good food.

The food processing industry is proud of providing an enormous amount of safe food to the entire American population as well as to countries around the world.

Voluntary Efforts

Voluntary efforts in the food processing industry are real and are directed toward educating the consumer. Enforcement of inflexible labeling requirements does not contribute toward consumer information. Mandatory requirements lead to incomprehensible lists of ingredients and nutrients that are confusing to the consumer.

The following are some of the voluntary activities of NFPA in labeling and in consumer education on diet and health.

NFPA has petitioned the FDA to change their policy on health claims on labels. FDA has said that it believes it is worthwhile to consider new ways to inform and educate the public regarding the relationship between diet and health and FDA may liberalize their policy as to what information in relation to health may be

included on the label. NFPA has been the leading organization in this area and it indicates our industry's interest in informing the consumer.

NFPA has also been working with FDA and trade associations to assist in providing nutrition information at the point of sale--generally the supermarket.

Last October NFPA sponsored a conference on Food Labeling and Advertising--Finding Better Ways to Communicate About Nutrition. This was an informative and well attended conference and we submit for your information the published proceedings of that conference.

A consumer spokesperson at the conference even discussed some of the limits of labeling and that consumers sometimes do send conflicting signals to the industry. There are limits to what ads and labels can tell us, the consumer representative said, and one is our own understanding of nutrition which is still an infant science. Another limitation is physical--the space and time available for advertising and labeling messages and then, of course, space limitations are compounded by limited literary skills, language barriers, or poor vision that make it difficult for many elderly and other consumers to read fine print. Nutrition messages the industry wishes to provide must compete for space with the product name, ingredients, weight, storage, preparation, open dating and promotional language. We in the food processing industry see both the potential and the limitations of labels and the problem of communicating effectively about nutrition, ingredients, diet and health, etc. But

we believe the information should be available and we favor the continued exploration of which methods are the most informative.

Another good example is NFPA's voluntary sodium labeling program. For some time now the attention of the American public has been directed towards the sodium content of foods. Recognizing the desire of the consumer for more information, NFPA as early as 1981 supported an industry-wide voluntary program to label the amount of sodium contained in food products. In 1982 we surveyed our membership to find out how many member companies were sodium labeling some products. That first survey showed that the respondents were sodium labeling 40 percent of the products for which information was requested. Our 1985 survey shows that in 1984, just two years later 54 percent of the products were sodium labeled, an increase of 14 percent with our respondents projecting they will label 64 percent in 1985. Regardless of the product category, consumers now have the option of purchasing processed foods that are sodium labeled and many products that have reduced or no sodium.

The Food and Drug Administration says that over half of this nation's food products bear nutrient labeling. Such labeling is voluntary and we believe it should continue to be voluntary. However, if a company does nutrient label there are mandatory guidelines set by FDA that must be followed in order to avoid consumer confusion. When a product is nutrient labeled that label must state the caloric content per serving and the number of grams of fat per serving in addition to other nutrient information.

It is also important to realize why a voluntary program does work. The food processing industry is a highly competitive industry. It is a consumer product industry and, as such, must be highly attuned to the consumers needs and wants. Voluntary programs have worked because companies must respond to the market place--consumer wants and desires--or they will not survive.

Existing Regulations

The federal government, especially FDA, has already expended a considerable amount of time and effort while considering the merits of mandatory food labeling requirements and continues to work toward refining the communication process. It may be helpful to review, in relation to S. 1699, what the law already requires.

1. The bill would require labeling of fat and oil ingredients by specific common or usual name. 21 C.F.R. § 101.4(b)(14) currently contains an identical requirement, as well as a requirement (not contained in the bill) that fat and oil ingredients be declared in descending order of predominance. Section 101.4(b)(14) currently permits blends of fats and oils to be declared by their collective order of predominance and permits declaration of fat and oil ingredients which may be, but are not necessarily, present in a food.

2. The bill would require a declaration of the total number of ounces per serving and the total number of calories per serving. 21 C.F.R. § 101.8 currently requires, for all foods bearing a representation as to the number of servings, a statement of the net quantity (in terms of weight, measure or

numerical count) per serving. 21 C.F.R. § 101.9(c)(3) requires, for nutritionally labeled food only, a statement of the caloric content per serving.

3. The bill would require declaration of the total number of grams of fat per serving and the total number of calories per serving derived from fat. 21 C.F.R. § 101.9(c)(6) currently requires, for nutritionally labeled food only, a statement of the number of grams of fat per serving. There is no current requirement for a declaration of the number of calories per serving derived from fat. The percent of calories derived from fat in the whole food may be voluntarily declared under the fatty acid labeling regulation. 21 C.F.R. § 101.25(c)(2)(i).

4. The bill would require separate declaration of the number of grams of saturated, polyunsaturated and monounsaturated fat per serving and the number of calories per serving derived from each of these forms of fat. 21 C.F.R. § 101.4(b)(14) currently requires declaration of hydrogenated and partially hydrogenated fats and oils, rather than degrees of saturation. 21 C.F.R. §§ 101.25(c) provides for voluntary declaration of saturated and polyunsaturated fatty acids. There is no current provision relating to declaration of the grams per serving derived from various forms of fat.

5. The bill would require cholesterol labeling, for all foods that contain cholesterol, in milligrams per serving. Cholesterol labeling is currently voluntary, as regulated under 21 C.F.R. § 101.25.

6. The bill would require sodium labeling, for all foods containing more than 35 milligrams per serving, and would authorize FDA to exempt certain small businesses and to permit point of sale displays in lieu of labeling. Under current regulations, sodium content labeling will be required, for nutritionally labeled food by July 1, 1986.

7. There would be identical requirements for potassium labeling. However, currently one does not have to list potassium on the label but if the processor lists potassium then they are required to nutrient label.

Regarding sodium and potassium information requirements, FDA starting in 1982 considered the issue in depth.

During this rulemaking period FDA considered the possibility of making sodium and potassium labeling mandatory for all food labels. In the final regulation issued April 18, 1984, FDA required sodium content to be included in the nutrition labeling format whenever nutrition labeling appears on food labels. FDA elected not to make sodium labeling mandatory for all food products because a significant portion of the food supply already bears sodium content information and the agency has established a comprehensive monitoring program that is able to measure the progress being made in supplying consumers with sodium content information on food labels and the extent to which the overall sodium content of processed foods is changing as a result of formula or recipe modifications. In the event that the Agency's current program does not achieve the desired effects, additional measures will be considered by the Agency.

FDA also advised that the final rule provides for the voluntary inclusion of potassium content labeling within the format of the nutrition label. FDA stated they will continue to monitor the potassium content of the food supply through the Agency's total diet study. If further research should indicate that a significant public health problem is associated with potassium consumption, or if the potassium content of the food supply should increase to potentially harmful levels, as a result of the reduction of sodium in processed foods, the Agency will consider the need for additional potassium initiatives. Thus, the question of sodium and potassium labeling has already been the subject of a prolonged notice and comment rulemaking procedure by the appropriate regulatory agency.

In summary, the bill contains several provisions that duplicate current law or regulations, and are therefore unnecessary. These include requirements for labeling of fat and oil ingredients by specific common or usual name, and a declaration of the total number of ounces per serving.

The bill also contains a number of requirements that are already elements of nutrition labeling, including statements of caloric content and grams of fat per serving, and sodium labeling. Nutrition labeling is currently required for all foods for which a nutrition claim is made, or to which a nutrient is added, such as potassium or calcium. As we stated previously, over 50 percent of all foods are nutritionally labeled as a result of voluntary industry efforts. There has been no showing

that the mandatory requirements of the legislation would justify the additional costs and regulatory burdens.

Fats and Oils

The proposed amendment could eliminate the current practice of "and/or" labeling of source oils in foods, creating unnecessary burdens for manufacturers and would not, in our opinion, be helpful or informative to consumers. Alternate fats and oils are presently interchanged occasionally in many processed foods. This allows for slight ingredient changes as commodity prices change or as shortages of a particular fat or oil occur. Labeling of products would become an incredibly difficult exercise and would require a relabeling of most food products and constant labeling changes in order to accurately indicate the contents of a product. Moreover, this entire exercise would not greatly benefit the consumer. If a consumer wants to limit total fat and total calories existing label declarations make that possible. Additional fatty acid information would just be more confusing.

The addition of cholesterol or fatty acid information as required by the legislation to be added to the nutrition label will essentially double the cost of nutrition labeling.

The analyses for cholesterol and fatty acids are not routine and require sophisticated equipment and highly trained personnel.

There are many unsolved issues involving fat and cholesterol. Although saturated fat and cholesterol have been linked by some scientists to heart disease, other scientists have shown a link between polyunsaturated fatty acids and an increased

risk of cancer. A more prudent approach is to limit total fat and total calories. Both can be done with existing label declarations. Additional fatty acid information would be confusing and counter productive.

This type of labeling fosters an avoidance syndrome. All foods have a place in a well balanced diet. The most sensible approach to nutrition is to eat a variety of foods and to do so in moderation as suggested in the "USDA/HHS Dietary Guidelines, 1985."

Conclusions

NFPA favors providing practical information to the consumer and has a good record of voluntary activity. NFPA believes that mandatory requirements are inflexible, counter productive and often not informative. What is needed is consumer education.

NFPA believes that the proposed legislation and committee hearing is a positive step. We agree with the desires of the sponsors of the legislation that the consumer needs to be educated and informed and our record of cooperation with FDA and other government agencies speaks for itself.

NFPA believes that current labeling regulations adequately protect the consumer and that the proposed new requirements would only be confusing to the consumer.

NFPA will continue its own consumer education programs and will encourage its membership to continue to do the same. NFPA will also support the variety of federal government programs that provide consumer information on nutrition and diet and health.

Senator HAWKINS. Mr. Pate.

Mr. PATE. My name is Wayne Pate. I am executive vice president of Golden Flake Snack Foods, Inc., but I am here today representing the Potato Chip and Snack Food Association.

PCSFA is a nonprofit international trade association, representing over 479 manufacturers and suppliers involved in the making and distribution of more than 95 percent of snacks made from vegetables, grains, fruits, meats, and nuts consumed in the United States. Most of our member companies are moderately small, family owned, regional businesses.

In the interest of time, I will present a summary of our views this morning on S. 1699, the Nutrition Information Labeling Act of 1985. I would ask that our prepared statement be made a part of the record of this proceeding.

Senator HAWKINS. Surely.

Mr. PATE. The members of our association will be directly affected by the bill's proposed labeling requirements. In this regard, virtually all of the products manufactured by the association's member companies contain some sodium, either inherent in the raw product, or added during processing.

In addition, most of the membership's products are processed in some type of fat or oil during the manufacturing process.

In short, while PCSFA supports efforts to provide consumers with useful and meaningful nutrition information, the association opposes the labeling that would be mandated by S. 1699.

To the extent consumers desire information about sodium, fat, and other constituents identified by the bill, the food industry has responded by providing this information voluntarily. Further, to label fats and oils by specific source would be both infeasible and extremely costly. To categorize fat and oil information by nature and degree of saturation would certainly compound tremendously the cost and practical problems associated with specific fat source labeling. Because of the lack of an adequate national nutrition education program, consumers currently are unable to utilize this information effectively. Perhaps most importantly, there remains a lack of consensus among the scientific community as to the health effects associated with consumption of the identified ingredients.

For all these reasons, PCSFA urges this committee to abandon the mandatory labeling approach by S. 1699. Instead, we believe that manufacturers should be encouraged to respond to consumer demands by providing voluntary information that they have found useful and meaningful.

PCSFA is strongly committed to providing meaningful, useful and objective scientific information about the nutritional and sodium content of snack foods to nutritionists, members of the medical profession, and interested consumers. PCSFA has funded pure medical research on the relationship between dietary nutrients and hypertension. We have sponsored a nutrition and sodium education program about its members' products for dieticians and other leaders in public health throughout the United States since 1977. And currently, many of the product promotion programs of the association and its members include nutrition information.

Moreover, PCSFA has a substantial and significant record of encouraging on a voluntary basis the reduction and/or the labeling of

sodium content information of its member products. In fact, more than half of our membership now manufactures and sells snack foods with no added salt, and more than 80 percent of all 1982 domestic sales of PCSFA-defined products were in packages labeled with quantitative sodium declarations. We are real proud of that; we are high, and it is all voluntary.

With the implementation of FDA's sodium labeling regulations, we would expect voluntary sodium labeling to continue increasing. Our members have proven that voluntary nutrition information programs and particularly the voluntary sodium labeling effort have worked well.

Mandatory sodium labeling is therefore unnecessary, even though the voluntary sodium labeling that has been accomplished has not been without difficulty. In this regard, variations in raw materials used in the manufacturing of potato chips and snack foods makes precise labeling virtually impossible. For this reason, PCSFA welcomes S. 1699's endorsement of data banks as a practical and cost-effective approach to implementation of voluntary sodium and potassium labeling.

Although PCSFA supports efforts to provide consumers with useful information about food products, the association believes most strongly that such information and implementation concerning the effects of particular foods on an individual's health should be grounded in science. At present, however, there does not exist adequate scientific agreement regarding the health effects of the ingredients identified in S. 1699.

Frankly, even though many food manufacturers currently provide sodium information, the relationship between consumption of that substance and hypertension is far from conclusive. The relationship of fat and cholesterol consumption for health is subject to even broader debate.

PCSFA feels very strongly that the flexibility that now exists in the Food and Drug Administration's fat and oil labeling regulations should be preserved. These regulations permit food manufacturers to list in a product's ingredients statement all of the fats and oils that may have been used as minor ingredients in a given product, even if one or more of those listed is not present in that particular production run.

The flexibility permitted by this alternative labeling approach recognizes an essential need in the snack as well as other segments of the food industry to respond to price fluctuations and raw material availability in the fats and oils market. This flexibility allows manufacturers to keep costs to consumers low by not depending on a sole source of fat or oil.

Moreover, to categorize fats and oils as saturated, polyunsaturated, and monounsaturated, as S. 1699 would also require, compounds the problems described for fat source labeling. In this regard, it is impossible to imagine the cost and manufacturing chaos that would be created if label changes were necessitated to respond to changes in a specific fat's nature and degree of saturation.

PCSFA is also concerned about the level of consumer understanding of the information that S. 1699 would require to be disclosed on food labels. For budgetary and other reasons, public ef-

forts regarding nutrition information have largely been ignored. As a result, consumers at the present time do not yet have the resources to correctly factor the contemplated information into their buying decisions.

Food manufacturers welcome a fully informed, educated consumer. We are, however, alarmed by the potential distortion in buying decisions made possible by a lack of consumer education on labeling issues addressed in S. 1699.

Finally, PCSFA questions the rationale for the various exclusions created by the bill. Assuming it is the intent of the bill's authors to provide consumers with a full range of information in order to make a more intelligent buying decision, it seems incongruous that only the processed foods industry has been singled out in S. 1699.

As I stated earlier, PCSFA has a long history of interest and involvement in food labeling laws and regulations. As a general proposition, we urge that before enacting any specific labeling requirements for the food industry, Congress should thoroughly examine the extent of our industry's cooperation in voluntary food labeling.

S. 1699 preempts the industry effort and, from our perspective, imposes an enormous and unjustified expense on our consumers. Additionally, the medical profession can hardly be described as united in its opinion on the effects of these ingredients on the general public health.

Consumer surveys have also consistently shown a marked indifference to obtaining the detailed information required to be disclosed by this bill.

For all these reasons, we at PCSFA strongly believe that labeling information disclosure required by S. 1699 should remain on a voluntary basis.

We thank you for this opportunity to present our views, and we will be happy to answer any questions.

Senator HAWKINS. Thank you, Mr. Pate.

[The prepared statement of Mr. Pate follows:]

STATEMENT OF

WAYNE PATE

EXECUTIVE VICE PRESIDENT

GOLDEN FLAKE SNACK FOODS, INC.

ON BEHALF OF

THE POTATO CHIP/SNACK FOOD ASSOCIATION

REGARDING

S. 1699 -- "NUTRITIONAL INFORMATION LABELING ACT OF 1985"

BEFORE THE

SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

OCTOBER 10, 1985

Good morning, my name is Wayne Pate. I am Executive Vice President of Golden Flake Snack Foods, Inc.. I am here today representing the Potato Chip/Snack Food Association (PC/SFA or the Association). PC/SFA is a non-profit international trade association representing over 479 manufacturers and suppliers involved in the making and distribution of more than 95 percent of snacks made from vegetables, grains, fruits, meats and nuts consumed in the U.S. Most of our member companies are moderately small, family-owned, regional businesses.

We are pleased to present our views this morning on S. 1699 -- the Nutritional Information Labeling Act of 1985. This bill would require that the labels of packaged food products subject to the jurisdiction of the Food and Drug Administration disclose the amounts of sodium, potassium, cholesterol, and fat content in the products, the specific common names of all fats and oils, specific caloric information and a breakdown of fats by degree and nature of saturation. The members of our Association would be directly affected by these proposed labeling requirements. In this regard, virtually all of the products manufactured by the Association's member companies contain some sodium, either inherent in the raw product or added during processing. In addition, most of the membership's products are processed in some type of fat or oil during the manufacturing process.

PS/SFA strongly believes that consumers should be provided information that is both useful to and can be used by them in making food purchasing decisions. However, while we commend the sponsors of S. 1699 for their interests in nutrition education, we believe that the kind of labeling that it would mandate is unnecessary, infeasible, and potentially quite expensive. Contrary to what appears to be the underlying premise of the bill, food labels are not proper vehicles for nutrition education. It is our belief that the objectives of the sponsors would better be achieved by focusing upon nutrition

education. If, as a result of this education, American consumers seek more specific information than is now being provided on food labels, the marketplace has already demonstrated that food manufacturers will respond by providing such information voluntarily.

In short, while PC/SFA supports efforts to provide consumers with useful and meaningful nutrition information, the Association opposes the labeling that would be mandated by S. 1699. To the extent consumers desire information about sodium, fat and other constitutents identified by the bill, the food industry has responded by providing this information voluntarily. Further, specific source fats and oils labeling would be both infeasible and extremely costly. To categorize fat and oil information by nature and degree of saturation would certainly compound tremendously the costs and practical problems associated with specific fat source labeling. Because of the lack of an adequate national nutrition education program, consumers currently are unable to utilize this information effectively. Perhaps most importantly, there remains a lack of consensus among the scientific community as to the health effects associated with consumption of the identified ingredients. For all these reasons, PC/SFA urges this Committee to abandon the mandatory labeling approach proposed by S. 1699. Instead, we believe manufacturers should be encouraged to respond to consumer demands by providing voluntarily information that they have found useful and meaningful.

Voluntary Nutrition Information And Sodium Labeling Efforts Have Been Effective; Mandatory Sodium Labeling Is Unnecessary

PC/SFA is strongly committed to providing meaningful, objective, scientific information about the nutritional and sodium content of snack foods to nutritionists, members of the medical profession, and interested consumers. Using voluntary, designated contributions from its member companies, PC/SFA has funded pure medical

research on the relationship between dietary nutrients and hypertension for over two years. PC/SFA also has sponsored a nutrition and sodium education program about its members' products for dieticians and other leaders in public health throughout the U.S. since 1977. Currently, many of the product promotion programs of the Association and its members include nutrition information.

Moreover, PC/SFA has a substantial and significant record of encouraging, on a voluntary basis, the labeling of sodium content information of its members' products. The Association has been providing nutrition labeling information to its members since 1975. PC/SFA published its own nutrition labeling manual to encourage voluntary nutrition labeling in the snack food industry in 1978 and periodically holds workshops and seminars on snack food nutrition to aid member companies in the labeling process. PC/SFA has been one of the leading trade associations in sponsoring nutritional and sodium content research projects on its members' products. The results of these research projects have been compiled in data banks and represent mean values of both the nutritional and sodium content of various membership products. In addition, more than half of our membership now manufactures and sells snack food products with no added salt. We strongly believe that these unsalted products have already made important contributions to low sodium diets and broadened consumer choices.

As a result of utilization of the data of the Association's sodium content research programs, more than 80% of all 1982 domestic sales of PC/SFA-defined products were in packages labeled with quantitative sodium declarations. Voluntary sodium labeling continues to increase. Indeed, one of the single greatest motivating factors behind our Association's drive for voluntary labeling has been a widespread misunderstanding concerning the sodium content of our products. (While most processed meat, american cheese and even a single serving of white bread contains more sodium on

a dry weight basis than our typical membership product. However, because salt is added at the final step in our manufacturing processes, its taste is often very apparent. This leads to the often incorrect assumption that our products are highly salted.)

As we have indicated, the vast majority of snack food products sold by the PC/SFA members bear sodium content information on their labels. With the implementation of FDA's sodium labeling regulation, we would expect voluntary sodium labeling to continue increasing. Our members have proven that voluntary nutrition information programs, and particularly the voluntary sodium labeling effort, have worked well. Mandatory sodium labeling is, therefore, unnecessary.

Variations In Raw Materials Hinder Sodium And Potassium Labeling; Use Of Data Banks Would Help

Even the voluntary sodium labeling that has been accomplished, however, has not been without difficulty. In this regard, variations in raw materials used in the manufacturing of potato chip and snack food products makes precise labeling virtually impossible. For this reason, PC/SFA welcomes S. 1699's endorsement of data banks as a practical and cost-effective approach to implementation of voluntary labeling efforts.

The variations that manufacturers experience with regard to sodium labeling present similar difficulties for quantitative potassium labeling, which S. 1699 would also require. Most potato chip and snack food products derive their potassium from such basic commodities as corn and potatoes. The content of potassium in a potato will vary widely by the region in which the potato is grown, its variety and the season in which it is grown. Most manufacturers have a mix of all these at any one time. Therefore, a separate data bank with mean potassium content information on an industry-wide basis, as proposed by S. 1699, would be the most cost-effective method of implementing voluntary potassium content labeling in our industry.

The Scientific Community Has Yet To Reach A Consensus About The Health Significance Of The Identified Ingredients

Although PC/SFA supports efforts to provide consumers with useful information about food products, the Association believes most strongly that such information and any implications concerning the effects of particular foods on an individual's health be grounded in science. At present, however, there does not exist adequate scientific agreement regarding the health effects of the ingredients identified in S. 1699. Frankly, even though many food manufacturers currently provide sodium information, the relationship between consumption of that substance and hypertension is far from conclusive. The relationship of fat and cholesterol consumption to health is subject to even broader debate.

Scientific journals from across the country have contained conflicting results from studies designed to assess whether the risk from coronary heart disease can be lessened by the reduction of fat/cholesterol intake. For example, despite its relative appeal in certain circles, a 1984 study published in the Journal of the American Medical Association found no statistically significant reduction in the risk of fatal heart attacks through the lowering of dietary cholesterol intake. This survey only confirmed the opinion of numerous medical experts throughout the country that there has yet to be established any conclusive cause/effect relationship between a low-fat diet and a lowered risk of cardiovascular disease or heart attack. Perhaps it is the result of this confusing release of information that consumer surveys consistently show more confusion on the issue of dietary intake than any other result.

Until scientists and the medical community agree about these substances and their health implications, mandatory labeling of them would be premature, at best.

Specific Fat "Source" Labeling Would Be Costly And Is Not Feasible

PC/SFA feels very strongly that the flexibility that now exists in the Food and Drug Administration's fats and oils labeling regulations should be preserved. These regulations permit food manufacturers to list in a product's ingredient statement all of the fats and oils that may have been used as minor ingredients in a given product, even if one or more of those listed is not present in that particular production run. The flexibility permitted by this "alternative" labeling approach recognizes an essential need in the snack as well as other segments of the food industry to respond to price fluctuations and raw material availability in the fats and oils market. This flexibility allows manufacturers to keep costs to consumers low by not depending on a sole source of fat or oil.

In order to declare the specific source of fat or oil used in a particular food, as the bill would require, food manufacturers would be forced to choose between two very costly alternatives. They would either have to commit themselves to a particular source of fat or oil and then purchase it in sufficiently large quantities to assure an adequate source of supply or they would have to warehouse large inventories of different labels showing the various ingredient statements for each potential fat or oil combination.

The administrative and structural burdens presented by either of these alternatives would be enormous. The large quantity purchasing required by a commitment to a single source of fat or oil would further add to the volatility and the related costs of participating in the fats and oils market. These large quantity purchases would impose a large financial strain on our many small and medium-sized members by requiring a huge increase in the cost of inventory. Further, these enlarged inventory purchases would also require significant fixed cost expenditures to increase the amount

of storage capacity available. Sole source labeling would also expose many companies to a significant risk of plant shutdown should the selected fat or oil source become unavailable. To many of those same small and medium-sized manufacturers, a shut down of even a modest duration would financially threaten their continued existence.

On the other hand, the multiple packaging options would mean that a manufacturer would need to have on hand large quantities of printed runs of labels for each fat or oil that he might use. These large stocks would need to be maintained because of the long lead time required in the printing of packaging materials. Plate preparations and printing costs would certainly multiply many times. Storage and obsolescence costs would also increase significantly in addition to increased losses from deterioration. Finally, the administrative costs in terms of dollars and man-hours would skyrocket as members struggled to control inventory and to make certain the right label was used with the right fat or oil.

Conservative estimates of the costs associated with the sole source fat and oil labeling requirements proposed run to several millions of dollars on an industry-wide basis. Even though the snack food industry is diverse and highly competitive, some of these costs would necessarily be passed on to consumers. PC/SFA does not believe that the financial burden that would be imposed by sole source fat or oil labeling can be justified. Indeed, since current regulations require manufacturers to identify any fat or oil that may be present in the product, anyone wishing to avoid a particular fat or oil for dietary or religious reasons can already do so.

To categorize fats and oils as saturated, polyunsaturated and monounsaturated, as S. 1699 would also require, compounds the problems described for fat "source" labeling. In this regard, it is impossible to imagine the costs and

manufacturing chaos that would be created if label changes were necessitated to respond to changes in a specific fat's nature and degree of saturation.

We believe it important to note that FDA responded to similar concerns raised by consumers and the regulated industry with regard to "and/or" labeling of fats and oils. In the preamble to its final order establishing this regulation FDA stated:

> . . . the Commissioner concludes that the adopted method of labeling food products containing fats and/or oils is the best compromise possible between the desire of consumers for specific source labeling and the desire for some food manufacturers to be allowed flexibility to substitute fats and oils in their food products without declaring the specific identity of the fats or oils on labels.
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> * * *
>
> We concur with that decision of the Commissioner.

Lack Of Adequate Nutrition Education Prevents The Proper Use Of The Information S. 1699 Would Mandate

PC/SFA is also concerned about the level of consumer understanding of the information that S. 1699 would require to be disclosed on food labels. When the current trend toward providing more nutritional information on food labels began, it was universally understood that a massive public education program was also necessary to help consumers intelligently factor this information into their buying decisions. Yet, for budgetary and other reasons, this public educational program has largely been ignored. As a result, consumers at the present time do not yet have the resources to factor the contemplated information into their buying decisions.

The Deputy Director of the Office of Nutrition and Food Sciences in FDA's Center for Food Saftey and Applied Nutrition recently noted that consumer surveys on the issues of fat and cholesterol, for example, have shown that while consumers are aware of the issue in a general sense, they lack specific applicable knowledge. Food manufacturers welcome a fully informed, educated consumer. We are, however, alarmed

by the potential distortion in buying decisions made possible by a lack of consumer education on labeling issues addressed in S. 1699.

Proposed Exemptions Not Justified

Finally, PC/SFA questions the rationale for the various exclusions created by the bill. Assuming it is the intent of the bill's authors to provide consumers with a full range of information in order to make a more intelligent buying decision, it seems incongruous that only the processed foods industry has been singled out in S. 1699. There is little controversy in noting that the average diet increasingly includes products from outside the processed foods industry. Yet, it is only information pertaining to our segment of the industry that this bill addresses.

This same question can also be asked about the propriety of creating exemptions for both the take-out food industry and extremely small businesses. It appears that the rationale for this bill is that the extra costs generated will be more than offset by the public benefit in terms of improved health and awareness. If correct, then we question the logic of exempting the take-out industry which surveys today show is growing increasingly more popular. Certainly the public's right to nutritional content information for foods from these segments is just as strong as it is in the snack foods industry. If there is an implicit understanding in creating these exceptions that in certain instances the cost will outweigh the related public benefits, PC/SFA would like to point out to the distinguished members of this committee that the proposals will have an inordinately large financial impact on the loyal consumers of our industry.

Summary

PC/SFA has a long history of interest and involvement in food labeling laws and regulations. As a general proposition, we urge that before enacting any specific labeling requirements for the food industry Congress should thoroughly examine the

extent of the industry's cooperation in voluntary informational labeling. S. 1699 preempts this industry effort and, from our perspective, imposes an enormous and unjustified expense on our consumers. Additionally, the medical profession can hardly be described as united in its opinion on the effects of these ingredients on the general public health. Consumer surveys have also consistently shown a marked indifference to obtaining the detailed information required to be disclosed by this bill. For all these reasons, we at PC/SFA strongly believe that labeling information disclosure required by S. 1699 should remain on a voluntary basis.

Thank you for this opportunity to present our views. We would be pleased to answer any questions that you might have.

Senator HAWKINS. Dr. Applewhite.

Dr. APPLEWHITE. Thank you, Senator Hawkins, and good afternoon. I am Dr. Thomas H. Applewhite, director of research services, research and development, Kraft, Inc., Glenview, IL. I am appearing today on behalf of the Institute of Shortening and Edible Oils, a trade association fo 20 major producers who annually process approximately 90 percent of the total, or 13 billion pounds, of edible fats and oils, both animal and vegetable, in the United States.

Although we prepared an industry consensus on S. 264, which was introduced in January for this particular hearing, the introduction of the more complex S. 1699 has allowed us less than 8 working days in which to collect our industry's opinions. Thus, these comments are not as comprehensive as they would have been had we been given adequate preparation time. We hope that we will be given additional opportunities to supplement our written testimony.

Currently, ingredient labeling is required on all packaged foods in interstate commerce. We recognize this as important and necessary for certain consumers to select or avoid food items for any reason. We further believe that the current voluntary nutritional regulations provide a workable method satisfactory to the industry and consumer.

The current regulations require source labeling if a fat or oil is the predominant ingredient in a food, and these adequately meet consumer needs. The proposed legislation abolishing the "and/or" labeling of source oils in foods and requiring labeling if a food as proposed contains any—and I emphasize, "any"—"fat or oils," would create unnecessary burdens for consumers, manufacturers, and regulatory aqencies.

Accordingly, we oppose such legislation in its present form.

Voluntary nutritional labeling includes declarations of total fat and calories, and may include information on cholesterol and on the fatty acid content of the food if, "the food contains 10 percent or more fat on a dry weight basis and not less than 2 grams of fat in an average serving." That is a direct quote.

This informs consumers if a product is a significant source of such a dietary component. Mandatory labeling of these components and others, as proposed by this bill, essentially imposes nutritional labeling on all fat-containing foods. This would lead to enormous problems of consumer confusion in food selection and/or avoidance—plus, any food with minor fat content that would have an insignificant impact on a consumer's intake of any of the above components would be so labeled. As you know, the Food and Drug Administration and industry have an ongoing program attempting to simplify current nutritional labeling formats, as requested by many consumer groups. We submit that many consumers would not understand nor appreciate the more complex labeling of most foods required by this bill.

Current regulations permit least cost formulations which help to maintain low food prices in the United States as commodity prices change, or as shortage of a given fat or oil occur. Dropping the and/or labeling would prevent the occasional use of alternative fats and oils in manufacaturing many food products. This rule also will

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pose considerable cost problems for the food industry; it would require checks on all fat or oil ingredients at every stage of use and for the agencies who would check for label compliance.

The proposal would require manufacturers to maintain the present label and absorb or pass on the added cost; stop manufacturing the food product if the required fat is unavailable or economically unattractive, or provide multiple labels and inventory many additional products with only the fat ingredients changed. All of the above factors would lead to consumer confusion and would cause economic hardships as well.

Also, as proposed, the bill would present a labeling logistics problem of indescribable dimensions for the U.S. food industry. Almost every food product now in interstate commerce would require relabeling. Incomplete estimates suggest a one-time charge of as much as $5,000 per product for analytical results and label changes. Auditing for label compliance would further exacerbate the cost picture.

The mandatory fatty acid type labeling proposal poses even greater operational difficulties for both industry and regulatory agencies, particularly with respect to the natural variability of raw materials. These difficulties are addressed in the written comments.

In conclusion, the controversies continue today in the scientific and medical communities regarding diet and health, and we specifically note that the role of dietary fat and cholesterol in heart and related disease, as well as the role of fat in cancer causation and/or promotion are not clearly defined in the minds of many scientists and health professionals. Many disagree with the dietary thesis motivating this bill and have spoken out vigorously in opposition to the idea of attempting to change the diets of the entire U.S. population, particularly those not at risk from elevated serum cholesterol.

Also, it is well-recognized that diet is but one of many risk factors in the causation and promotion of these extremely complex and multifactorial diseases. Further, it appears that this bill, based on a controversial dietary thesis, would incur a tremendous cost for industry, the Government, and ultimately, for the consuming taxpayer.

We respectfully submit that this massive effort and cost will not be justified by the end results. None of us can assure a person suffering from any of the above debilitating diseases that selecting a particular food or goods will slow or cure that disease, nor will such action assure a now healthy individual that she or he will remain disease-free. Furthermore, we suggest that none of us should delude another by making such a promise.

In summary, we believe that U.S. consumers will continue to benefit from industry's use of the present fat and nutritional labeling regulations; they allow flexibility in food manufacture, contribute to the maintenance of lower food cost, and provide consumers with adequate nutritional information. Thus, we believe they should be retained.

Madam Chairman, that completes my statement on behalf of the Institute of Shortening and Edible Oils.

I would now like to put on another hat, my Kraft hat. We at Kraft very much appreciated your remarks a couple of weeks ago about the informative nature of our Kraft mayonnaise label. I think this is a good example of Kraft's leadership role in the industry in giving consumers the information they need on food labels.

We appreciate the opportunity to be here today, and although we have serious difficulties with the legislation in its proposed form, we are willing to cooperate with you and your staff in providing facts and figures which may be of benefit.

Thank you.

Senator HAWKINS. Thank you.

[The prepared statement of Mr. Applewhite follows:]

STATEMENT OF

THOMAS H. APPLEWHITE, PH.D.

ON BEHALF OF

INSTITUTE OF SHORTENING AND EDIBLE OILS, INC.

BEFORE THE

SENATE SUBCOMMITTEE ON CHILDREN,

FAMILY, DRUGS AND ALCOHOLISM OF THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

OCTOBER 10, 1985

Senator Metzenbaum and Senator Hawkins, I am Dr. Thomas H. Applewhite, Director of Research Services, Kraft, Inc. Research and Development, Glenview, Illinois. I am appearing today on behalf of the Institute of Shortening and Edible Oils, Inc. (ISEO). Kraft is a member of the ISEO, a trade association of twenty major producers who annually process approximately 90% of the total, or 13 billion pounds, of edible fats and oils, both animal and vegetable, in the U.S. Fats and oils are present in varying amounts in many foods but are found predominantly in meats, dairy products, poultry, fish, nuts, salad and cooking oils, shortenings, and margarines.

Before offering our comments on the "Nutritional Information Labeling Act of 1985" as outlined in S. 1699, we must note that the substitution of this bill on September 24, 1985 covering an exceedingly more complex subject than that in the earlier S.264, "Dietary Information Labeling Act of 1985" has placed a hardship on our segment of the food industry. We were prepared to comment on the latter January 24, 1985 bill at these October 10, 1985 hearings and had time sufficient to prepare an industry consensus. However, Bill S.1699 has allowed us less than eight working days in which to collect our industry's thoughts. Thus, the comments that follow are not as comprehensive as they would have been had we been given adequate time to prepare them.

We appreciate the opportunity you have offered the ISEO to present our industry's views on the proposals in Senate Bill S.1699 and would like to comment concerning this proposed legislation that would

rescind the currently permitted "and/or" labeling of source oils. In addition, we wish to comment on our belief that this bill is a form of mandatory nutritional labeling superimposed on the current voluntary rules.

Currently, ingredient labeling is required on all packaged foods in interstate commerce. We recognize this as an important and necessary way for certain consumers to select or avoid food items for any reason. We further recognize and support present packaged food labeling which provides the consumer with the knowledge of the source of fats or oils which "are" or "may be" ingredients in these packaged foods. This labeling is current and in compliance with the regulations of the Food and Drug Administration (41 FR 1156). We believe that voluntary nutritional labeling as established in 42 FR 15673 is a workable method satisfactory to industry and the consumer.

The current fat labeling regulations require that if a fat or oil is the predominant ingredient in a food, alternative labeling cannot be used and source oil labeling is required. These regulations have met consumer needs adequately. On the other hand, the proposed legislation which would abolish the "and/or" labeling of source oils in foods in which a fat or oil is not the predominant ingredient or is present, irrespective of level, as suggested by the term ". . . and contains any fat or oil," would create unnecessary burdens for consumers, manufacturers, and regulatory agencies. Accordingly, we oppose such legislation.

In a like manner, voluntary nutritional labeling includes, among other declarations, total fat and calories, and may include information on cholesterol and on the fatty acid content of the food if "The food contains 10 percent or more fat on a dry weight basis and not less than 2 grams of fat in an average serving." (21 CFR 101.25) This provides a means of advising consumers when a product could be expected to be a significant source of such dietary components. Mandatory labeling of these components plus monounsaturates, sodium, and potassium, as proposed, would, in essence, impose nutritional labeling on all fat-containing foods and would lead to enormous problems of consumer confusion in food selection and/or avoidance when the food in question could potentially have an insignificant impact on the intake of any of the above components. As you know, the Food and Drug Administration and industry have an ongoing program attempting to simplify current nutritional labeling formats as requested by many consumer groups. We submit that many consumers would not understand nor appreciate the more complex label suggested by this bill.

The remainder of our comments offer some detail on the principal burdens we believe consumers, manufacturers, and regulatory agencies would face should this legislation be enacted in its present form.

BURDENS FOR THE CONSUMER AND MANUFACTURER

Of significant importance in considering changes of the present fat and oil labeling regulations is that alternative fats and oils are

interchanged occasionally in manufacturing many food products. This permits least cost formulation which helps to maintain low food prices in the U.S. Current labeling regulations allow fats and oils used as ingredients to be interchanged as commodity prices change or as shortages of a given fat or oil occur. Recognizing this situation, if a manufacturer is required by the proposed legislation to use only the fat or oil specified on a label, and if the price and/or availability changes, the manufacturer faces three alternatives:

1. Maintain the present label and either "absorb" or "pass on" the added cost.
2. Stop manufacturing the food product if the required fat is unavailable or economically unattractive.
3. Provide multiple labels and inventory additional products with only the fat ingredients changed.

Situation 3. would lead to consumer confusion particularly if the same product with two or more ingredient lines were placed on the same supermarket shelf. Alternatives 1. and 2. would cause economic hardships to both consumer and producer.

Finally, the stated goals of S.1699 requiring the labeling of any food product containing "any fat or oil" would pose a labeling logistics problem of indescribable dimensions for the U.S. food industry. The proposed legislation would necessitate the relabeling of almost <u>every</u> food product now in interstate commerce. Industry estimates of the cost factors connected with such a program are incomplete, but we

believe they could involve a "one-time" charge of as much as $5000 per product for analytical results and label changes. Multiply that by tens of thousands of products and you can visualize the immensity of this proposal. Further, the current nutritional labeling rules impose a responsibility of audit on the food manufacturers. Thus, they would realize a continuing cost of maintaining this program. Such costs are difficult to define, but one concern estimates that nutritionally labeling approximately 900 products requires an expenditure of about $600,000 per year in costs associated with documenting the analytical values on the labels, alone. And, pragmatically, these costs will not be absorbed by the manufacturers. In all probability, they will be passed on to the consumers in the form of higher prices!

BURDENS ON INDUSTRY AND THE REGULATORY AGENCIES

U.S. food manufacturers will continue their practice of adhering to labeling, good manufacturing practices, and other regulatory agency requirements. However, the elimination of the "and/or" labeling rule will pose considerable problems for both the food industry and the agencies. The former will be faced with the formidable task of checking all fat and oil ingredients at every stage of use to assure compliance with label claims. And, the regulatory agencies will face the same tasks in checking for such compliance. This can only add significantly to production costs in industry and to the budgetary requirements for added regulatory personnel and equipment. Eventually,

all such expense returns to the consumer; either as increased product costs or as increased tax loads, probably as both.

The mandatory fatty acid type labeling proposal poses even greater difficulties for both industry and the agencies. It is well known that climatic differences affect the fatty acid composition of oilseed crops. And, tallow from beef grown in different regions or on different feeds will vary in composition as well. Thus, a labeled product may be in compliance when the raw fat or oil ingredient originates in one region, and not in compliance when the raw material comes from another. These differences in composition are of little significance as to their effect on any consumer's health or well-being, but they will be costly to industry in remaining in compliance with label claims, and to the agencies in verifying such compliance. And, as before, the consumer will bear the added expense.

CONCLUSION

In summary, we believe the U.S. consumers have benefited and continue to benefit from industry's use of the present fat and nutritional labeling regulations. These regulations have satisfied both a growing population and their need for information. Also, they have allowed flexibility in food manufacture and have contributed to the maintenance of lower food costs for the U.S. consumer, while providing consumers with adequate nutritional information about products with fat as the predominant ingredient.

We are well aware of the controversies continuing today in the scientific/medical communities regarding diet and health, and we have specifically noted that the role of dietary fat and cholesterol in heart and related diseases as well as the role of fat in cancer causation and/or promotion are not clearly defined in the minds of many scientists and health professionals. Many respected medical and health professionals and groups disagree with the dietary thesis tacitly endorsed by this bill. It is well recognized that diet is but one of the many risk factors in the causation and promotion of these extremely complex and multi-factorial diseases. Furthermore, many leading scientists in the field have spoken out vigorously in opposition to the ideas of attempting to change the diets of the entire U.S. population, particularly those not at risk from elevated serum cholesterol. And yet, it appears that this bill would attempt to legislate a portion of that end result at a tremendous cost to industry, to government, and, ultimately, to the consuming taxpayer.

We respectfully submit that this massive effort and cost will not be justified by the end results that it anticipates will occur. None of us can assure a person suffering from any of the above debilitating diseases that selecting a particular food or foods will slow or cure that disease, nor will such action assure a now-healthy individual that she or he will remain disease-free. Furthermore, we suggest that none of us should make such a promise!

Thank you for your attention. I will attempt to answer your questions.

Senator HAWKINS. Mr. Dickinson. We have a vote scheduled at 1 o'clock, and we do not want to squeeze you out, since you are speaking on behalf of salt. But we would urge you to give us a compressed version of your testimony, and we will enter the full record as though read.

Mr. DICKINSON. Thank you, Madam Chairman.

I am William Dickinson, president of the Salt Institute. We represent salt producers throughout the world.

I will not go any further into the fact that has been expressed very well by some of the others, that many goods are labeled for sodium content. I think the significant part about that is if you go to the supermarket today, and you have a problem with your sodium intake, you can find goods that are so labeled. Also, you can find increasing numbers of foods that contain no added sodium or salt.

I would like then just to confine my remarks to what I think is a more serious problem, and that is singling out sodium, which is the only subject I will speak to, for labeling.

The inference is that if you reduce your sodium content, then you are going to take care of hypertension. I think there is no person in the world who would agree that salt is the only factor in hypertension.

We fully support the FDA's present provision of including sodium as part of nutrition labeling. That way, the inividual gets a complete look at what is in the food as far as his concern.

Another point in singling out sodium, which this bill would—you could label just for sodium—then you would see that people might be picking their diets based only on sodium content. Now, if they did that, they would be missing two very important nutrients that are insufficient in the American diet today; one is calcium, and the other is iron. It so happens that many of the goods that are high in sodium are also high in calcium and in iron.

I would like to just mention too that there are a number of recent studies that indicate that perhaps calcium is more important a nutrient in hypertension than is sodium. So that here, you see this bill would be working against something that may very well prove to be a very significant finding if confirmed.

One investigation of note was by Dr. McCarron, at Oregon Health Sciences University, who analyzed the National Health and Nutrition Examination Survey, and he found from the Government's own statistics that persons with insufficient daily calcium intake had higher blood pressure, and those with high calcium intake had lower blood pressure. This flies in the face of the accepted doctrine on hypertension.

Now, this was one report in 1983. Since then, there have been 12 reports supporting this position. So I think this is the real problem in singling out sodium as the nutrient that is of most concern in treating hypertension.

A number of other studies I mention have been put forth that support this position.

Just one final thought. Addressing the pitfalls of premature regulation—and I think that is what this is—we do not have the facts on sodium and its relationship to hypertension, so assuming this is

premature regulation—Elizabeth Whelan, executive director of the American Council on Science Health, wrote editorially recently:

> In recent years, the philosophy in pubiic health seems to have shifted from one based on "Here is some hard evidence, so let's set policy" to "Well, the data are incomplete and inconsistent, and we do not know if it will work, but it would not hurt, so let's take action."

She included the current suggestion to restrict sodium intake among cases of premature recommendations. We agree with Dr. Whelan when she asks, "How can we remain credible in the public's eye if we state with confidence something which a short time later proves to be false or flawed?"

Again, we support the voluntary effort that we think has been quite successful, but we do oppose the position taken by this bill.

Thank you veiy much.

[The prepared statement of Mr. Dickinson follows:]

Statement of

William E. Dickinson

President

Salt Institute

Before the

Committee on Labor and Human Resources

October 10, 1985

Good morning. I'm William E. Dickinson, president of the Salt Institute, a trade association of salt producers in the United States, Canada and Mexico. We also represent companies in South America, Western Europe, India and Australia.

Thank you for the opportunity to present the views of the salt industry regarding the provisions of S 264, which would make sodium and potassium labeling of processed foods mandatory.

The salt industry has consistently favored sodium labeling of processed foods because we believe the public has a right to know what is contained in the foods they buy. However, we oppose legislation that would make such labeling mandatory. We oppose it for three reasons:

1. food labeling matters should be handled by the Food and Drug Administration,
2. FDA already plans to require mandatory labeling of sodium content on foods that bear nutrition labeling, beginning on July 1, 1986, and
3. a voluntary labeling program is already in place within the food processing industry and is effective.

As you know, FDA continues to oppose sodium labeling legislation and supports a voluntary labeling program. The last two Commissioners of Food and Drugs have rejected contentions that the voluntary program has been a failure. Dr. Sanford Miller, Director of FDA's Center for Food Safety and Applied Nutrition, said recently, that, "virtually every product category has some foods that are sodium labeled."

The effect has been that today quantitative sodium information appears on the labels of foods representing about 40% of grocery sales and that greater than 50% of all processed foods have sodium labeling.

As each month passes those figures get even better. The projection, according to the Food Processors Association, is for nearly 65% to contain sodium content labeling in the 1985 production year. Sodium labeling now can be found on all categories of foods, and on regular lines as well as low-sodium lines. So, there is solid evidence that <u>voluntary</u> sodium labeling is working.

Besides the success of the voluntary labeling program, there is another important accomplishment by the food processing industry--the significant increase in the number of processed foods with low or reduced sodium content, or no salt added, that are now available on grocers' shelves. The FDA reports that since 1981 no fewer than 172 low-sodium products have been introduced into the marketplace, primarily canned fruits, canned vegetables, baby foods and soups. And...more are being introduced all the time.

The result is that no matter where the consumer shops across the country, there is a wide selection of low-sodium products to choose from for those who need or prefer them, and there is sodium information on not only low-sodium products but on a wide array of regular products as well.

It is significant that these choices are being provided voluntarily, admittedly with some urging of the FDA and others, but voluntarily nonetheless. The Salt Institute provided some of the urging back in 1978 when we called together representatives of the food processing industry. The need for any sort of legislation making sodium labeling mandatory would seem to be moot at this point.

It's important to note that there is a danger in labeling only for sodium and potassium. If food selections are made by consumers on the basis of sodium or potassium content, specific foods high in either of these nutrients might be rejected by some health-conscious or confused consumers, thereby eliminating or reducing further other essential nutrients in their daily diet.

A prime example would be dairy products, the best source of calcium in the diet, which might be avoided because of their relatively high sodium content. Reducing calcium in the diet could have dire consequences. It is well known that insufficient calcium can lead to osteoporisis, particularly in women.

But now, significantly, numerous studies are showing that insufficient dietary calcium may cause high blood pressure, regardless of the level of sodium intake. No less than 12 studies have come to this conclusion. Three years ago there was only one. Some of these studies have also found deficiencies of other nutrients as possible contributors to high blood pressure.

It is just as significant that none of these studies has indicated a positive primary connection between sodium and high blood pressure. Studies by Dr. David A. McCarron and associates, for instance, showed that the effects of sodium on blood pressure may represent only "secondary influence through induced changes in calcium homeostasis." In fact, the researchers observed that "reduced dietary calcium intake is the most consistent nutritional correlate of hypertension in the United States."

Indications are that more such studies will be forthcoming in the near future and that the sodium-hypertension connection hypothesis is weakening. Some investigators even believe if there is sufficient dietary intake of certain nutrients, the level of sodium intake, even if high, may not matter, even for salt-sensitive persons.

A recent article entitled, "Nutrient Sources in the American Diet: Quantitative Data from NHANES II," revealed some interesting facts. The food groups ranked for their contribution to the U. S. nutrient intake of sodium revealed that, should consumers cut sodium from their diet by reducing the top sodium contributing foods, they would also cut out other important nutrients. For the two nutrients for which many Americans are already below the RDA, calcium and iron, there is a large correlation between the foods contributing most to their dietary intake of these two nutrients, and high sodium contribution.

Of the top 20 foods contributing to sodium intake, 1/2 of those are also the largest contributors to calcium intake. Of the top 10 sodium contributors, four of these foods are in the top five calcium contributors.

One investigation of note was by Dr. McCarron and associates of Oregon Health Sciences University. Dr. McCarron and his colleagues analyzed the National Health and Nutrition Examination Survey (NHANES I) and discovered that the government's own statistics supported their findings at Oregon with regard to calcium and sodium, that persons with insufficient daily calcium intake had higher blood pressure and those with high sodium intake had lower blood pressure. The conclusions with regard to sodium intake were just the opposite of earlier findings.

Indications are that there will be more studies in the near future that will show that certain nutrient deficiencies may raise blood pressure, and that the sodium-hypertension hypothesis is weakening.

So, the fact that there's growing scientific evidence that sodium may not be as important in the prevalence of hypertension as previously assumed is another very good reason why legislation making sodium labeling mandatory might be premature at best and frankly, wrong at the worst.

In 1984, thirteen physicians from the U. S. A., the United Kingdom, Sweden and New Zealand, in a letter to the editor of The Lancet, a prestigious British medical journal, said this: "There has been no investigation of the effect of changing dietary salt on the risks of high blood pressure. To extrapolate from the limited positive studies which have been done in hypertensive patients, and give advice on life-long dietary modification to the population at large, is in our view both unjustified and irresponsible."

The researchers further stated: "It is equally misguided to claim epidemiological or physiological evidence that the present intake of salt in Western countries causes high blood pressure. ... Differences in the prevalence of hypertension in different societies are impressive but may be due to a wide range of dietetic or other environmental influences. ... The recommended reduction in salt intake is arbitrary and is based simply on the grounds of convenience." End of quotation.

Addressing premature regulation action, Elizabeth Whelan, Executive Director of the American Council on Science and Health, wrote editorially, "In recent years the philosophy in public health seems to have shifted from one based on 'here is some hard evidence--so let's set policy' to 'well, the data are incomplete and inconsistent, and we don't know if it will work, but it wouldn't hurt, so let's take action." She included the current suggestion to restrict sodium intake among cases of premature recommendations. We agree with Dr. Whelan when she asks, "How can we remain credible in the public's eye if we state with confidence something which a short time later proves to be false or flawed?"

Dr. Harriett Dustan of the University of Alabama, and past President of the American Heart Association, says that all that can be said on sodium's effect on hypertension is that " some as yet unidentified fraction of hypertensive patients will respond to a low-sodium diet with normalization of (blood) pressuure." Dr. John Laragh of Cornell-New York Medical Center in New York estimates that rigorous sodium deprivation can lower blood pressure of at best, 30% to 50% of patients.

Yet it has been communicated to the public time and time again, principally by FDA, that <u>everyone</u> should restrict sodium intake. This, we are sure, is what has prompted efforts to pass legislation to make sodium labeling mandatory. We think the effort, though well intentioned, is a bit misguided.

There is finally acknowledgement by the medical science community that the scientists who have been doing the most recent research into hypertension and possible nutritional factors have accrued sufficient evidence to justify further investigation of associations between dietary calcium and blood pressure. As Dr. McCarron points out, "We trust that this portends a broadening," to the role of all nutrients, "from the narrow focus on sodium as the principal factor in the pathogenisis of hypertension."

It is clear to us that sometimes priorities get out of kilter. For instance, one of the major health concerns of consumers today is AIDS, Acquired Immune Deficiency Syndrome, an almost certain fatal disease that is spreading rapidly and creating a certain amount of well-founded fear among the public. However, since it has not been proved that casual contact can transmit the disease from one human being to another, says the National Center for Communicable Disease Control, people should not be concerned.

Yet, without any solid scientific evidence that sodium intake increases the risk of hypertension to the general population, the FDA, the Surgeon General, federal health agencies, and now legislators, have taken the position that <u>everyone</u> in the population should reduce sodium intake. Nowhere do any of these agencies or individuals try to allay the fear of sodium and salt they have themselves fostered.

That position, based on what cannot be called solid scientific evidence, has led to a public perception that salt is bad. Such a position also is cruelly misleading, because it infers that if one cuts back on salt intake, one will avoid getting high blood pressure. That conclusion has yet to be established by scientific investigation.

That kind of approach, we believe, is evidence of a crisis in communication. Whatever happened to the truth? Why aren't healthy persons being told all the facts about salt intake, that it is not harmful in any way for healthy individuals? Dr. Lawrence Resnick of Cornell-New York Medical Center says that healthy individuals can eat all the salt they like without any adverse effect. And he is not the only one in the medical community who believes this. Numerous researchers have come to this conclusion.

Despite the weaknesses of the sodium hypothesis we have just pointed out, the Salt Institute still favors sodium labeling for those in the population who may benefit from sodium restriction, but we favor labeling being provided the consumer under a voluntary program, such as the successful one underway for the last few years in the food processing industry. To repeat, we also favor low-sodium foods in the marketplace for those who need or wish them.

These steps have already been accomplished--sodium labeling of more than half of processed foods, and a large number of low-sodium foods in almost all categories.

One other development should be noted: salt intake is definitely down, according to sales statistics provided by our member companies. Over the last eight years, sales of food grade salt decreased 17% and sales of the 26-ounce can, those round cardboard containers used in the home, in restaurants and other food establishments, were off 22%.

We believe that because of what has been accomplished in labeling and food availability, and in recent research into various other nutritional factors in hypertension, it is not necessary to seek legislation to make the labeling of sodium in processed foods mandatory.

Instead, we urge greater efforts in communicating responsibly to the public, getting the truth out about the sodium issue, so that individuals can base their decisions about the foods they buy on solid facts, not on misinformation or on information from which certain facts have been withheld. Furthermore, the government and Congress, specifically, should direct their efforts toward supporting the continued research needed to understand more fully the complexities of human nutrition and common diseases in humans, rather than attempting to establish absolutes, which is the thrust of this bill. There are few if any absolutes in science and medicine.

We respectfully urge that this subcommittee reject S 264 on the grounds that it is not needed because of the reasons we have cited.

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Senator HAWKINS. We appreciate the testimony of the panel. I feel that you may be misinterpreting the results of any action taken by this legislation. We do not mean to cost you customers at all. I think the information that we are suggesting here would lead to more intelligent selection.

For instance, I have a habit of eating a health bar for lunch. I read the other day that since the time I originally started eating that health bar they had added so many things to it, it had more calories than a Snickers. Well, I prefer Snickers to that health bar, you see, so I have got to make a decision, whether I want the health bar, or would I rather have the Snickers, because I like them better.

So it seems to me that gives you some way to educate yourself and to make a choice.

For instance, Mr. Pate, isn't it true that 1 ounce of cornflakes has more salt than 14 potato chips? Do I have that right?

Mr. PATE. Or one slice of white bread, 1 ounce of corn chips, yes.

Senator HAWKINS. There is a lot of either/or, but nobody really knows that. I think potato chips are probably a product that gets singled out because it is considered salty.

Mr. PATE. Surface salt; you can taste it.

Senator HAWKINS. Surface salt, yes, you can lick it off your fingers.

Mr. PATE. But by weight, a very small percentage of salt.

Senator HAWKINS. Or a cup of pudding, a cup of prepared chocolate pudding, has more calories than six slices of bacon, for instance. I do not know how many people know that. But if you are given some information, and you can say, well, we are going to follow calories, it seems to me that there may be some people who would rather have two slices of bread—or they may choose an ounce of salted peanuts. You have to let the public decide. And in my mind, I think we are trying to educate the public by saying, "This is what is in this," and if you believe these studies, you can buy this product; if you do not believe it, you do not have to.

One question I would like to ask you, Mr. Dickinson or any of the panel, is why does it cost more to make a low-sodium product than the regular kind?

Mr. DICKINSON. Well, perhaps some others could speak better to that than I, but usually, the low-sodium line is only a part of the regular line of whatever product you are talking about. So that you have to shut the process down, retool, as it were, to make a very small percent of the total product low sodium.

Senator HAWKINS. But that is normal manufacturing mentality. I would like to tell you that as a consumer, I prefer a certain kind of wheat cracker, which has a lot of surface salt. But my husband is not supposed to have salt. So he buys a low sodium, but identical type of craker which, if you look on the label, you know, if you have four of the salty kind, it is equal to about six of the low-sodium kind, which tasted terrible. We threw them out; that is how bad they were. And they were much more expensive.

It had a different-colored box, it had improved formula, it had low sodium—it had a lot of printing on it. Everybody here is talking about how much it is going to cost to print this. But let me tell you, I know it costs a lot to put it in a different-colored box, make

it out of the same mold, take the salt out and whatever else you had to do to it to make it stick together. And that is all we withdrew is the salt, and then you just package it as a high-priced product. And I am saying—just tell us what the calories are. We are just talking about making that choice and not about scientific studies.

All I am trying to do here is be helpful to the consumer in the marketplace, who has been bewildered by scientific provings and disprovings over the years, and let him make that judgment.

For example, I just picked this wrapper up off the floor, and this was lunch for somebody behind me. I do not know who ate it but I want to tell you it has got so much fine print on the wrapper as to what it is, and it does not mention anything about calories.

Mr. DICKINSON. Yes. Of course, if your bill passes, there will be a lot more printing on there.

Senator HAWKINS. Yes, but I will hopefully understand it. This is not written in consumer language.

So I made the consumer decision not to eat this, but some beautiful, attractive person behind me just ate this stuff. [Laughter.]

So I am saying I want them to live as long as I have and learn as much.

I trust the consumers of the United States of America. They are the best informed of any generation in the history of the world.

But it seems to me that we should be able to get you more customers for each product that you make, rather than less, if you gave us just some modest information.

Mr. DICKINSON. Senator, may I just make one short statement that I omitted in my abbreviated version? Salt intake is definitely down. According to our sales statistics provided by our member companies, over the last 8 years, sales of food grade salt decreased 17 percent, and sales of the 26-ounce round can that you use in the home is down 22 percent.

I would just add that for the record.

Senator HAWKINS. That means that the estimated 5.4 million Americans who went to a physician and paid money and were told to reduce their sodium consumption have been reading labels. That is what that means.

Mr. DICKINSON. Right.

Senator HAWKINS. But I do not know that that is all that should be done. I am just saying let the consumer read something. I might rather have ice cream than cornflakes. I happen to know that some ice cream has more salt than some products that you all represent. I just want to make that decision.

Mr. Carey, you are frustrated now—wait until Senator Metzenbaum gets through with you. [Laughter.]

Mr. CAREY. Senator, I wanted to attempt to answer, provide an additional answer to the question you asked about the cost of some of the low-sodium products. I think the principal cost is the marketing cost, because the low-sodium products have been specialty items, and as you know, anything that is distributed in relatively small quantities costs substantially more than those which are distributed in high quantity. The experience illustrates to me the value of the voluntary program.

When attention was first focused on sodium, many of the canners of vegetables looked hard at the sodium content that is in vegetables—vegetables are normally packaged in brine, that is, canned vegetables are packed in brine—and some tried immediately to put out a low-sodium or no salt added line, and the line just simply failed. When there were competing products on the shelf, the distribution was so low that it really failed.

So those who are concerned as a result of and reading all the consumer studies, and who are acutely aware of the interest in reducing sodium content, they have found that by gradually reducing the sodium level over a period of time, they could retain their customers, and still reduce the sodium level, which is exactly what has been happeninq.

And now, of course, they will be in a much better position to move toward the kind of sodium labeling that will be required as of the 1st of July, under the new FDA regulations—in fact, most of them are already there, but those who are not will be able to do so next July. And as you perhaps know, practically all canned food is nutritionally labeled.

Senator HAWKINS. Yes, I do know that.

Senator Metzenbaum.

Senator METZENBAUM. Gentlemen we have looked at your statements before you got here. The panel has envisioned the following catastrophic results which would occur, or might occur, if we enacted this measure: Temporary plant shutdowns, bookkeeping nightmares, consumer confusion, outrageous printing costs, expensive scientific analysis, enlarged inventory space, overworked stockboys, higher food prices, additional Government bureaucrats, increased taxes, climate problems, and astronomical costs.

Who are you really kidding? None of you really believe most of that would occur. We are talking about putting some little labels on some good products.

Dr. Applewhite, I thought your company had done pretty well in putting the information on this bottle, and I said so publicly. You are the one who says it might cost tens of thousands of products, and might cost as much as $5,000 per product.

Well, frankly, Dr. Applewhite, I do not buy your figures; I do not think that they are accurate. But if you happen to be right—if you happen to be right—then we might conceivably be talking about—you said tens of thousands, so I took an upper limit; you did not say hundreds of thousands, you said tens, so I took $60,000—I took the upper limit of the cost, $5,000, which is your figure. So it might be, according to you—and I certainly challenge the accuracy of the figure—it might be $300 million.

Then I looked at how much food companies sell in this country—and I did not take all of them; I just took the top 10—and I found that that amounted to $60 billion. If my mathematics are right, I think that comes out pretty close to what the FDA said; in their report, they said, "The cost of compliance would be small, relative to sales. In no case does the first year cost"—we are not talking about a continuing cost; we are talking about the first year cost—"exceed one-half of 1 percent of sales."

What is all the to-do about? Why aren't you really willing to share the facts with the people of this country? Why are you here

as hired hands, coming in and telling us that you cannot do this, and giving us all of these—really, some of them are quite absurd—"climate problems, additional Government bureaucrats, enlarged inventory space"—oh, it would take so much more inventory space to put labels up. That would probably be enough for—how many—500,000 labels? Three hundred thousand? I do not know.

I do not understand where you are coming from, gentlemen. You were told to come here, I guess, by your boards. The real question is why don't you come in and say, "We would have some problem with doing this in a certain period of time. We think that this is asking the wrong question, and you ought to be asking this." You have got some more things on here than we have even asked for. You have on here one listing—you say we are asking for too much on labels—this one tells you how to make "creamy chicken salad" and "creamy dill dip." And with that, you still have room to put on the ingredients, and a whole list of those. You have room to put on the nutrition information per serving, and a whole list of those, which we think is good, and you also have that it "contains less than 2 percent of the U.S. recommended daily allowances of U.S. RDA," and all of that information.

I understand at times when people come forward and oppose legislation. And I understand sometimes where they come forward and support legislation. I do not understand where you are coming from, because Mr. Pate, you state, "Food labels are not proper vehicles for nutrition education." But as I stated earlier, the FDA said, "Effective food labeling can contribute to the Nation's health." And they acknowledge that "Food labels play a crucial role in providing the information consumers need to make intelligent choices about foods, and labels provide a significant educational tool."

What evidence do you have, Mr. Pate, that they were wrong in what they said?

Mr. PATE. Part of this morning's discussion Senator, said that what we have in food labeling is confusion. The snack food industry is not opposed to labeling. We already are labeling. The snack food industry has voluntarily labeled products with nutrition panels as well as any other segment of food processing.

So we are not opposed to labeling. Our suppliers tell us that the cost of the variations in the raw materials in which they deal is not something you can put a fix on and accurately make a statement, because it will not be the same every day, batch after batch.

So the point remains are we labeling for information, or are we labeling for regulation. Now, you give us some guidelines that we can live with, and we will be glad to do it.

We just oppose the way the bill presents it. Now, I am not a scientist, and I cannot tell you how to do all the things it takes to do. We cannot buy what they cannot produce. We want to give you accurate information, and the worst thing we could do would be to give you a label that was not accurate. I understand that is a technical problem, that someone else will have to tell you the why of.

Senator METZENBAUM. Well, Mr. Pate, let me say that our doors are open, Senator Hawkins' and mine. And if you think there is something that we are not saying the way it ought to be, then come in and tell us about it. We are receptive to working with the industry to make this workable. We are not trying to place a hard-

ship on your industry nor any of the others. We are trying to do something that we think is in the Nation's interest as far as health is concerned. So if you have some ideas that you want to come forward and say, "This is the way it ought to be"—but you say the suppliers cannot tell you what they are going to do. You represent the Potato Chip & Snack Food Association. They know whether they are using corn oil or soy oil or lard. You can find that out pretty easily.

Mr. PATE. Senator, it is not that simple. Regarding sodium labeling—potatoes have inherent sodium, and they come from all over the country, and not every potato has the same characteristic.

Cottonseed oil produced from seed in Texas is not the same as cottonseed oil produced from seed in Alabama or Mississippi. That is what I understand, and that is the problem with the labeling.

Let me mention one other thing——

Senator METZENBAUM. "Come, let us reason together," I think, was somebody's quote.

Mr. PATE. OK.

Senator HAWKINS. Yes, we can work it out.

Senator METZENBAUM. We would be glad to try to work it out with you.

Mr. PATE. OK. We need to do that, because trying to meet the technical requirements of the bill is very, very difficult, and Dr. Applewhite can certainly respond to that better than I.

Let me mention one other thing, if I might take a minute. In the snack food industry, our labels are not quite as simple as you suggested with the mayonnaise jar. We are dealing with flexible packaging, and the label is printed on the packaging, and it takes 6 or 8 weeks or longer to obtain just to get packaging. If you get it and keep it too long, it deteriorates, and then you do not have a nice, crisp, fresh product.

Senator METZENBAUM. No, no, there is a very simple way to do it: You print the labels before you put the potato chips in.

Mr. PATE. That is true, and then your oil changes, and you do not have what the label says, and you have to get another label. It takes me 2 months to get another label, unless I print it in advance.

Senator METZENBAUM. All right, OK. So let us say the horrible thing happened that you had to print a group of labels that said these are made with lard, these are made with corn oil, these are made with palm oil, these are made with soy oil, and you had extra amounts. That would not bankrupt the industry. It would be negligible, the total cost to have an extra supply of bags.

Mr. PATE. It would be a horrible nightmare, believe me——

Senator METZENBAUM. Then how come they did it on Kraft?

Mr. PATE. You can do it on some products, but with a variation in the materials, it is difficult. Dr. Applewhite could respond to that, but let me say one other thing. Our industry cooks in vegetable oil predominantly, very little animal fat. There is zero colesterol in vegetable oil, so we are already telling people we are cooking in vegetable oil. They already have a choice.

Senator METZENBAUM. If you have hydrogenated vegetable oils, do they not provide a health problem?

Mr. PATE. I understand that they have no cholesterol, even if they are hydrogenated.

Senator METZENBAUM. They can produce cholesterol, as I understand the medical aspects—and I am not a doctor, and I am not going to try to play doctor.

Mr. PATE. I am not, either.

Dr. APPLEWHITE. Senator Metzenbaum, may I speak? Most of the partially hydrogenated vegetable fats do not increase in saturation as they are prepared by our industry There are some highly saturated components of blends that do have higher saturates, but for the most part, they are not more highly saturated. What happens is you do get some reduction in polyunsaturation, and that then is a resultant change for someone's label.

Your question vis-a-vis Kraft mayonnaise, and how can we label it—it is made with only soybean oil; no varieties in Kraft mayonnaise, only liquid soybean oil.

Now, if you require us to label the polyunsaturates and saturates exactly per serving, we do have a little problem. You see, the way the regulation states now, we have some leeway. And this is really what we are saying to you, is that we felt that this was really going to squeeze us down to the point where we had to give you exact percentages. That is the way the bill reads.

Senator METZENBAUM. Well, Dr. Applewhite, you describe our bill as posing a logistics problem of indescribable dimensions. We do not want to provide a logistics problem of indescribable dimensions, nor do we agree that it does. But we are willing to talk with you; we are willing to try to make it workable if you say it is not; we are willing to be reasonable. But all I have heard today are the naysayers. And as I said at the opening of this meeting, you may win in this session this year, you may win next year, you may win the following year, but at some point, this Congress is going to enact legislation to provide for the American people information about what they are ingesting. And I am asking you and urging you to join us in that undertaking rather than waiting until we do it by having the necessary number of votes. We do not want to do it that way. We want to do it by working it out with you, and we are urging you to come forward and work with us to achieve that objective. And if you think you do not have to because you have got the votes—which I am not sure you do—but if you think that, someday, it may not be that way. And I have seen legislation in these Halls over the period of years that I have been here where the groups affected were unwilling to come in and try to work it out, and then one day the Congress had the votes, and they acted, and they did not always act as well as they might have if they had worked together with those affected.

We are opening the door to you and urging you to join with us in trying to put together a package that will achieve our objective without being an undue burden on any of your industries.

Dr. APPLEWHITE. And if I may, I think that all of us who spoke indicated to you that we are pleased to try to provide accurate information under the current legislation and rulemaking. And I would defer to you—after all, you know how things work here. We are not here to tell you that we absolutely oppose your bill. I think

what we said was "in its present form," because we see the difficulty there.

Senator METZENBAUM. Nobody has ever had a larger welcome mat put out to them than Senator Hawkins and I are extending to you. We want to move on this issue, and we would like to move with you; if we cannot move with you, we will try to move without you. But I think it would be better for all concerned if we moved with you.

Senator HAWKINS. I would just like to ask the potato chip people one thing. There is a notice on your product that says, "For those who, on advice of a physician, have been advised to reduce their intake of fat, nutritional information regarding this product is available. Please write to this address."

Are you telling me if the potatoes change, and if the oil changes, that that information you provide the consumer would have to be altered upon the date of the arrival of the inquiry? Is that a changing letter, if you get a letter from the consumer?

Mr. PATE. That is simply to tell the consumer; we presently are providing more nutritional labeling that is based predominantly on data banks. If they want more information than we have given them, then we will try to get them that specific information. We do have some requests for that for all of our products—not a great deal, but we do have some and we work with them.

Senator HAWKINS. Well, that notice takes up more space than what our bill would require.

Mr. PATE. Well, it is not a matter of the printing of the label that is the problem. That may be one thing.

Senator HAWKINS. I am just talking about cholesterol right now. You say that is on all your packages. And if the consensus is from the NIH that every man, woman, and child over the age of 2 would benefit from reducing that cholesterol, it seems like that is one thing we could agree on as we come to the table, that if it is available when people write in to you, it therefore should be available as you print it. And we want to work it out together.

Mr. PATE. Right, I understand. That is why we support the data bank program. If you could let us work with that it would help us meet your objectives.

Senator HAWKINS. We will talk to you later.

[Additional material supplied for the record follows:]

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NATIONAL FISHERIES INSTITUTE, INC.

2000 M STREET, N.W. STE 580 ■ WASHINGTON, D.C. 20036 ■ (202) 296 5090

RECEIVED NOV 14 1985

November 11, 1985

Honorable Orrin G. Hatch
United States Senate
Washington, D.C. 20510

Dear Senator Hatch:

The National Fisheries Institute, wishes to comment on S. 1699 "Nutritional Information Labeling Act of 1985." The Institute is the leading trade association for the fish and seafood industry--an industry comprised of those companies which harvest, process and distribute fish and seafood.

While our industry supports the concept of nutritional labeling, going beyond the present FDA guidelines at this time would be counterproductive.

FATS AND OILS

Common or Usual Name

Because the use of fats and oils are so interchangeable and subjected to wide fluctuations in price and availability in our industry, naming the specific oil or fat creates a problem for the manufacturer in the numbers of different packaging materials he must continually carry in inventory. The practice of indicating the several fats or oils in a product that may apply to a product is the most practical. The present labeling methods should be continued, i.e., vegetable shortening (partially hydrogenated soybean or cottonseed oil).

Ounces and Calories

Serving sizes vary to such a large degree by individual preference that indicating them on a label serves no useful purpose. Such variation will also effect the caloric content per serving. We do not see such mandatory labeling as practical.

Fat Labeling

Since there is still controversy over the subject of saturated versus unsaturated fat, the labeling called for in the bill will only serve to confuse the consumer. Much of the

information which would be required by the bill is not even available. The analytical work and cost to obtain it would be impractical.

Cholesterol

The data base for cholesterol is lacking for many food categories, particularly with respect to the difference between high density and low density fractions of Lipoproteins. The health significance of these differences is not toally understood by the scientific and medical communities.

SODIUM AND POTASSIUM

The diversity of handling techniques and seasonal variations in the supply of fish and seafood make it impractical for producers to comply with the label declarations which would be required by the bill.

Freshly caught and unprocessed fish are relatively low in sodium. Analyses of most commercially important species show that their sodium content ranges from 35-90mg/100gm with a mean of about 60mg/100gm. They have an excellent potassium to sodium ratio, of about 7:1, and provide an excellent source of other trace elements such as zinc, managanese and copper. These sodium contents are "natural" and indicative of the environment in which seafood live.

Some processed fish such as canned, smoked, and frozen breaded products have increased sodium contents because of processing. The two practices that contribute mostly to an increase in sodium are brine freezing and holding fish in refrigerated seawater (RSW). Brine freezing is most frequently used in distant water fisheries such as tuna, and in some instances in salmon and shellfish processing. RSW, because of economics and payload, is often used as a substitute for ice in preserving various species of fin-fish prior to processing. Another industry practice that contributes to an increase in sodium is the addition of sodium salts of condensed phosphates to help maintain yield of drip loss. When these factors are added to other inherent characteristics of the fishery such as vessel size and equipment, plant processing equipment, geographical fishery areas, and the effect of season on processing variables, variations in the sodium content of fishery products are very difficult to control.

Sincerely,

Richard E. Gutting, Jr.
Vice President
Government Relations

Senator HAWKINS. Thank you. The hearing is now adjourned.
[Whereupon, at 1:35 p.m., the committee was adjourned.]

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